DEPARTMENT OF VOLUNTEER AND STUDENT SERVICES

Please read carefully before filling out application!

Dear Prospective Volunteer and/or Student:

Thank you for your interest in volunteering and/or completing your internship/clinical rotation at Maimonides Medical Center. Please complete and return the enclosed application and questionnaire. We will call you to schedule an interview when it appears likely that appropriate placements will be available. Due to the large volume of applicants, we cannot guarantee volunteer placement in your preferred area at any given time.

When filling out the forms, please print legibly. On the application card, complete the front side only. Under “Personal References,” please supply the full mailing address and phone number of two people to whom we can mail a brief reference form. These should not be family members, but others who know you as a friend, neighbor, teacher, co-worker, etc. Under “Employment,” check the box that most accurately reflects your primary status. Under “Languages Spoken,” list only those in which you are fluent. Under “Education,” give the highest level you have completed, e.g. high school graduate, two years of college, certificate program, etc. If you are currently a student, give the school and the grade you are in now.

Prior to beginning volunteer service or internship/clinical rotation, volunteers and students must be scheduled for an interview, have a criminal background check completed (if 18 years old and over), and attend a mandatory orientation that is conducted by the Department of Volunteer and Student Services.

All volunteers and students will require medical clearance prior their start date. Medical forms are required to be completed by the applicant’s private physician upon acceptance to the program. Completed medical forms will be submitted to Employee Health Services and clearance may take five to ten business days.

Although most volunteers serve more, the minimum time commitment is two four-hour shifts per week. Volunteers interested in the Interpreter or Companion program must commit to a minimum of a one eight-hour shift per week. We consider consistency more important than quantity of hours. We are coordinating the schedules of many volunteers; therefore, we must be able to depend on your attendance.

For those whose ultimate goal is to seek employment, please be aware that, while it can be a valuable experience, volunteer service at the hospital does not lead to paid employment at Maimonides Medical Center. We are happy to provide references for volunteers whose service has been satisfactory, and we require at least 150 hours of service before we can do a letter of recommendation. Of course, we hope that you will serve far more than 150 hours and join the ranks of dedicated volunteers who remain with us for many years.

As individuals, our volunteers have varied skills, interests and preferences, which we try to accommodate. Our primary goal is to meet the needs of the patients who depend on the hospital for their well-being. As a volunteer, your greatest satisfaction will come from knowing that you are helping others in the community.
# Application for Volunteer and Student Services

**Date:** ________________

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME</th>
<th>Phone Numbers</th>
<th>E-mail Address</th>
<th>Date of Birth</th>
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<td>Home</td>
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<td>Work</td>
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<td>Cell</td>
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<tr>
<th>Address (Include Apartment Number)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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### Emergency Notification

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<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Address (Street, City, State, Zip)</th>
<th>Relationship</th>
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</table>

### Personal References

<table>
<thead>
<tr>
<th>Name</th>
<th>Address (Street, City, State, Zip)</th>
<th>Phone Number</th>
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<tr>
<td>2.</td>
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</table>

**Are You a U.S. Citizen?**
- [ ] Yes
- [ ] No
- [ ] Green Card
- [ ] Visa – Type: ________________

- [ ] Female
- [ ] Male

### Employment

- [ ] Employed full time
- [ ] Employed part time
- [ ] Retired
- [ ] Workfare
- [ ] Student
- [ ] Homemaker
- [ ] Seeking work
- [ ] Unemployed

### Languages Spoken (other than English)

<table>
<thead>
<tr>
<th>Education</th>
<th>Current or Last School Attended</th>
<th>Level of Education Completed</th>
<th>Interests/ Skills / Major</th>
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</thead>
</table>

**Previous Volunteer Work**

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*Form No. 5620 (Rev. 01/18)*
Volunteer / Student Enrollment Agreement

I, the undersigned, an applicant for volunteer service or clinical rotation at Maimonides Medical Center (“Medical Center”), do hereby give my personal authorization to release information of both an oral and written nature, regarding my past employment, school attendance, past volunteer service or affiliations with entities mentioned on the application and criminal background. I understand that the information received from the individuals or institutions by the Medical Center will be held in confidence.

If accepted for volunteer service or clinical rotation, I hereby agree to abide by all rules and regulations of Maimonides Medical Center. I understand that I am obligated to maintain an accurate record of my hours of service in my assigned department as a volunteer or student at the Medical Center. My failure to maintain such record and/or to abide by any of the Medical Center’s policies and procedures may result in the immediate termination of my volunteer duties or clinical rotation at the Medical Center.

I understand that in the course of my volunteer duties or clinical rotation I might learn privileged information of a medical, financial, or personal nature, and that all such information must be treated as strictly confidential. I agree not to disclose any information I learn about patients or their family members to anyone except a staff member. I also agree that any conversations I may have with staff about patients or their families in the course of my duties will be held in private where they cannot be overheard. I understand that unauthorized disclosure of confidential information will be grounds for immediate termination of volunteer service or clinical rotation.

___________________________  ______________
Signature                  Date

Please print name

Reissued 1/12/2018
DEPARTMENT OF VOLUNTEER AND STUDENT SERVICES
VOLUNTEER / STUDENT QUESTIONNAIRE

Name ___________________________ Date __________________________

Telephone number where you can be reached during the day:

Were you referred to us by an individual or organization? Please provide the name:

Briefly explain your reasons for wishing to volunteer and/or do internship at Maimonides Medical Center:

What type of volunteer assignment are you interested in? (You may check more than one)

☐ Direct Patient Care (please specify) ☐ Companion ☐ Let’s Walk & Talk ☐ Hospitality
☐ Office/Clerical ☐ Child Life ☐ Emergency Department ☐ Feeder
☐ Research ☐ Interpreter (specify language __________________________)
☐ Support Services (minors only) ☐ Other (please specify) __________________________

Please list areas of training and/or experience and specific skills you have. (e.g., degree or certification, types of jobs you have had, typing, computer skills, etc.)

What days and hours would you wish to serve on a regular basis? (Please note that most office assignments are limited to Monday – Friday, 9:00 a.m. to 5:00 p.m.; patient care assignments may be available early evenings and weekends.)

What special qualities can you contribute that will help Maimonides Medical Center fulfill its mission of providing high quality patient care and servicing the needs of the community?
VOLUNTEER AND STUDENT SERVICES

Dress Code

All Maimonides volunteers, students, and Summer Youth Program participants are required to abide by the Medical Center’s dress code. Please note the following:

<table>
<thead>
<tr>
<th>Allowed</th>
<th>Not Allowed</th>
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<tbody>
<tr>
<td>Professional Attire:</td>
<td>Provocative Clothing</td>
</tr>
<tr>
<td>Button-down Collar Shirts (tucked in)</td>
<td>T-SHIRTS</td>
</tr>
<tr>
<td>Polo Shirts (tucked in)</td>
<td>Tank or Crop Tops</td>
</tr>
<tr>
<td>Slacks</td>
<td>Baggy or Cargo Pants</td>
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<tr>
<td>Blouses (with sleeves)</td>
<td>Tight Pants</td>
</tr>
<tr>
<td>Skirts (to the knee with pantyhose)</td>
<td>Mini Skirts or Skorts</td>
</tr>
<tr>
<td>Dresses (to the knee with pantyhose)</td>
<td>Jeans, Leggings or Jeggings</td>
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<td>Shoes (must be totally closed)</td>
<td>Sweatpants or Sweatshirts</td>
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<tr>
<td>Black Sneakers (only if allowed by Dept. Head or Program)</td>
<td>Shorts or Capris</td>
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<td>Sandals, Slippers or Crocs</td>
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<td>Open-toed Shoes</td>
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<td>Sneakers or Converse</td>
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<td>Baseball Caps or Durags</td>
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<td>Large or Excessive Jewelry</td>
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<td></td>
<td>Facial Piercings, Ear Gauges/Plugs</td>
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<td>Artificial or Long Nails</td>
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<td></td>
<td>Excessive Perfume or Cologne</td>
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</tbody>
</table>

All clothes must fit and cannot be worn improperly.

PLEASE SIGN, PRINT YOUR NAME, AND DATE:

I understand Maimonides Medical Center’s dress code and acknowledge that I will not be allowed to report to work if I am not dressed appropriately.

Therefore, I agree to abide by Maimonides Medical Center’s Dress Code.

_______________________________  _____________________
Signature                          Date

Please Print First & Last Name
Disclosure and Release

MAIMONIDES MEDICAL CENTER VOLUNTEER AND STUDENT SERVICES may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your criminal history, education and/or employment history conducted by Accutrace, Inc. P.O. Box 624, Bryn Mawr, PA 19010 or by contacting us at 1-888-54-TRACE or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment is limited to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Accutrace, Inc. or another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of an investigative consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

□

Applicant's Name: ________________________________
First: ____________________________________________  M.I. __________________________ Last: ____________________________________________
Signature: ________________________________ Date: _____mm/______dd/______yyyy

Date of Birth (mm/dd/yyyy) ________________________________ Social Security No ________________________________

Driver’s License No. ____________________________________________ State ________________________________

PROFESSIONAL LICENSE/CERTIFICATE NUMBER ____________________________________________ STATE ____________________________________________ PROFESSION ____________________________________________

SCHOOL/UNIVERSITY NAME ____________________________________________ DEGREE/DIPLOMA TYPE ____________________________________________ DATE RECEIVED ____________________________________________

Current Address ____________________________________________ city __________________________ state __________________________ zip __________________________
No. of Years at Current Address __________________________
Previous Addresses within the Past 7 Years (Use back if additional space is needed)

Address ____________________________________________ city __________________________ state __________________________ zip __________________________

Address ____________________________________________ city __________________________ state __________________________ zip __________________________