

Thank you for your interest in volunteering at the NBHN.

Before you apply for Volunteer Services, there are a few things you need to know.

Applications hours are: Monday-Friday 10:00am to 3:00pm

Closed for lunch between 1:00 to 2:00pm

For inquiries call us at 718-963-8077

All Volunteers are required to:

- Complete an application for Volunteer Services. Also, original documents of the following are required:
 - Photo ID or Birth Certificate
 - Social Security Card (Must have)
 - Two Personal Reference Letters (Must be signed and have a recent date; not from family members)
 - Degree/Diploma/GED or current transcript (if applicable)
 - Resume
- Undergo a background investigation and criminal record check
- Complete a medical assessment, which includes screening for the presence of drugs and alcohol
- Attend mandatory Hospital Orientation

Please do not fill out this application if you cannot commit yourself to at least a three to four month period of time.

Volunteering does not guarantee you paid employment at Woodhull Medical and Mental Health Center.

Woodhull Medical Center

Cumberland Diagnostic and Treatment Center

VOLUNTEER/INTERN APPLICANT INFORMATION

Last Name		First Name		Middle Initial
Date of Birth		Social Security Number		
Home Address	Apt. #	City	State	Zip Code
Primary Phone Number		Secondary Phone Number		Email Address

EMPLOYMENT INFORMATION

Are you currently employed? Yes No

Have you ever been terminated or suspended within the last ten years? Yes No
Attach an explanation for each, with date institution/company name.

Have you been summoned, arrested, indicted or convicted in any criminal matter? Yes No

Date of Arrest or Indictment	Charges	Court and Location

EDUCATION

I have completed: High School Some College College Graduate School Other

If applicable, please list the name of the High School or College:

FOREIGN LANGUAGES

Foreign Language (Not English)	Speak	Write	Understand	Translate

EMERGENCY CONTACT

(In case of an emergency, please indicate whom we should contact)

Name of Emergency Contact	Address	Telephone Number (s)	Relationship

I hereby certify that all of the facts set forth above are true, complete and correct to the best of my knowledge and belief. I understand that all information shall be subject to investigation and that false information will be grounds for dismissal of assignment with the North Brooklyn Health Network.

_____/_____/_____
Signature of Volunteer Applicant Date

TERMS AND CONDITIONS OF VOLUNTEER ASSIGNMENT

PRINT NAME: _____ START DATE: ____/____/____

FACILITY: _____

I, the above named individual, hereby accept the volunteer [and/or intern/extern] assignment subject to the following terms and conditions:

1. I understand that my assignment is subject to me being cleared by the North Brooklyn Health Network, which will include a background investigation and a medical assessment, which may include screening for the presence of drugs or alcohol. I may also be obligated to take a physical test or other qualifying tests, if required for the position. I shall willingly undergo such examinations.
2. I hereby authorize the North Brooklyn Health Network to commence its clearance procedure by making any investigation of my background deemed necessary to secure all necessary personal data from sources governmental and private. I further agree to cooperate in all of the clearance procedure.
3. I have read the application and conviction record section, which I will complete and submit, to the North Brooklyn Health Network. I understand that any misrepresentation of material fact on this questionnaire or any other documents submitted in connection with my assignment may result in my dismissal. I hereby declare my intention to answer all questions fully and truthfully.
4. I hereby agree to hold North Brooklyn Health Network and the city of New York [including all agencies, employees, and agents] harmless with respect to any personal claims for damages, expenses, or injuries that may arise should the above-mentioned procedure not be completed satisfactorily and my services terminated.
5. If my position requires a training program, I must successfully complete that training program. If my assignment requires a valid license, certification or permit, I must obtain and maintain such credential[s] on my own time and submit a copy to the Department of Volunteers.
6. I understand that failure to fulfill any of the above conditions may result in the revocation of my assignment and my immediate termination of service.
7. **CONFIDENTIALITY:** I understand and agree that in the performance of my duties as a volunteer of the North Brooklyn Health Network, I must hold medical information and other information regarding a patient and/or employee in confidence, regardless of the form the information is presented in. The information form is defined as either paper, computer generated [e.g. tapes, diskettes, CD, DVD, screen image, etc.] or any electronic format. Accessing confidential data is to be undertaken solely in the performance of authorized assignments as specified and directed by my supervisor. I also understand the use of this data for other than facility business is expressly prohibited and will result in termination of volunteer services.

Employment Disclaimer

I enter into Volunteer Services at the North Brooklyn Health Network with the understanding that there is no guarantee of paid employment. If I am interested in applying for a job, I will go to the Human Services Department (Room 3A-140) and comply with employment and recruitment procedures.

TERMS AND CONDITIONS OF VOLUNTEER ASSIGNMENT (Continued)

I agree to inform the Volunteer Services Department as soon as I become aware that I am being considered for employment with the North Brooklyn Health Network. Completion and submission of this application package does not guarantee acceptance into the Volunteer Program. The Volunteer Services Department reserves the right to accept or deny acceptance into the Volunteer Program on an individual basis based upon the needs of the network under the discretion of the Human Resources Department.

Letter of Commitment

I agree and understand that by becoming a volunteer/intern/extern at the North Brooklyn Health Network, I am making a minimum of [12-16 weeks 3-4 months] commitment. I will provide an anticipated end date, at the start of my service.

I also agree upon separation, to return my photo identification card and all hospital property given to me during my service.

Dress Code

All volunteers must dress appropriately-slacks, button down shirts and comfortable shoes. No jeans, sneakers or tee shirts. Volunteers are provided with a Blue Volunteer Jacket upon acceptance into the program. This jacket must be worn during your volunteer hours of duty. It must be neatly kept and appropriate grooming should be exercised. At the end of your commitment, the volunteer jacket must be returned washed and in good condition to the Volunteer Office.

Volunteer/Intern/Extern Pledge

Understanding the North Brooklyn Health Network's mission to provide comprehensive, quality and compassionate care to our community, I pledge to adhere to the following:

- I will be punctual.
- I will be conscientious in fulfilling my duties.
- I will accept and respect supervision.
- I will respect the confidentiality of information concerning all patients and personnel.
- I will present a pleasant attitude towards the patients, visitors and staff.
- I will address all problems, criticisms, and/or suggestions to the Associate Director of the Volunteer Services.
- I will uphold the mission, vision, values, and standards of the North Brooklyn Health Network.

By signing this document, I, _____, Date _____,
(Please Print)

acknowledge receipt, have read the Terms and Conditions, including the Employment Disclaimer, Letter of Commitment, Dress Code, and Volunteer/Intern/Extern Pledge, and agree with all of the stipulations stated above.

Signature: _____

WITNESS: _____
Appointing Officer or Designee in the Volunteer Department