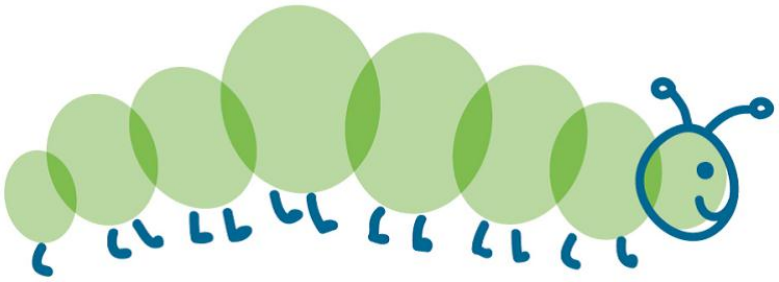

Elizabeth Seton Pediatric Center

Volunteer Application Package

Volunteer Application Package

Instructions

Thank you for your willingness to volunteer with Elizabeth Seton Pediatric Center. To ensure the safety of our residents and staff, all individuals must go through the volunteer application process and be approved before beginning a volunteer assignment. The application process includes a background check through our vendor.

Please complete the Volunteer Application Package in its entirety. Please ensure that all signatures fields are signed in this package.

Please Do NOT staple forms when submitting them!

Please send forms *Except the Medical Papers* directly to:

Elizabeth Seton Pediatric Center
Vanessa Andrews
Volunteer Services
300 Corporate Blvd. South
Yonkers, NY 10701
vandrews@setonpediatric.org

To successfully complete the Volunteer Application Package, please follow these instructions:

1. **Print out the volunteer application packet**
   Complete all of the required information and signatures. Include your email address in order to receive notification of approval.
2. **Attach a copy of your driver's license or other legal photo identification to your application.** The application requires a copy of your driver's license or other photo ID that includes your legal name, date of birth, height and weight. This helps to verify your identity in the background check process. Please complete all information on the background check forms.
3. **Medical Examination Form.** Please complete its entirety and submit all questions or communication regarding medical requirements to the Employee Health Nurse.

Shauna Beharie, RN
Elizabeth Seton Pediatric Center
300 Corporate Blvd. South
Yonkers, NY 10701
Phone: 914-294-6321
Fax: 914-294-6345
Sbeharie@setonpediatric.org

4. **Volunteer Reference Questionnaire.** You will need to provide ***three (3) references***. This form should be given to a Professional/Educator to whom you are not related. The individual reference should complete the form and return it to Elizabeth Seton Pediatric Center, Attention: Vanessa Andrews. *Please use the attached reference questionnaire document and make copies for your references.*

ELIZABETH SETON PEDIATRIC CENTER
VOLUNTEER APPLICATION

Date: _____

PERSONAL INFORMATION (PLEASE PRINT)

Name (Last, First, MI) _____ Social Security Number _____

Address _____ Apt. # _____ Email _____

City _____ State _____ Zip Code _____ Telephone ( ) _____

Emergency Contact _____ Emergency Telephone ( )_____

Have you ever been convicted of a crime? ❑Yes ❑No

Are any criminal charges pending against you? ❑Yes ❑No If yes, explain fully,

_____

_____

Have you been convicted of child abuse? ❑Yes ❑No

Are any charges of abuse, neglect or maltreatment of a child currently pending against you? ❑Yes ❑No

If Yes, explain fully, _____

_____

How were you referred to Elizabeth Seton Pediatric Center?

❑ Referred by Center for Pediatric Employee Name _____ Relationship to you _____

❑ School Name _____ ❑Internet ❑Newspaper Ad ❑Other _____

ACADEMIC BACKGROUND

School (High School or College): _____ Dates Attended: From _____ to _____

Address _____ City _____ State _____ Zip Code _____

Status (freshman, sophomore, junior, senior, graduate): _____ Major: _____

Graduation Date: _____ Degree Earned/Sought: _____ GPA: _____

School (High School or College): _____ Dates Attended: From _____ to _____

Address _____ City _____ State _____ Zip Code _____

Status (freshman, sophomore, junior, senior, graduate): _____ Major: _____

Graduation Date: _____ Degree Earned/Sought: _____ GPA: _____

PREVIOUS VOLUNTEER HISTORY

Agency Name: _____ Telephone ( ) _____

Address _____ City _____ State _____ Zip Code _____

Type of Service: _____ Days Volunteered: _____

Interests or special skills you would like to share: _____

_____

What are your learning objectives for this placement and in what way will this experience allow you to accomplish these objectives? _____

_____

List any language (other than English) that you speak fluently: _____

Days & Time Available:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Volunteer work preferences:

- ❑ Clerical Skills
  (Typing, filing, phone receptionist, etc.)
- ❑ Patient Care Services *as applicable to organization*
  (Reading to patients, companionship, etc.)
- ❑ Personal Skills to Use or Teach: _____
  (Drawing, painting, crafts, gardening, etc.)
- ❑ Additional Skills: _____

_____

REFERENCES List 2 Business/School and Personal

Name and Address (Include City & State)	Occupation	Telephone Number	Company

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to termination of volunteer from the Elizabeth Seton Pediatric Center whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Student's Signature: _____ Date: _____

Note: Please send attached reference forms with letter to your 3 references and ask them to forward the references directly to:

Elizabeth Seton Pediatric Center
Vanessa Andrews
Volunteer Services
300 Corporate Blvd. South
Yonkers, NY 10701
vandrews@setonpediatric.org

Please DO NOT Staple

ELIZABETH SETON PEDIATRIC CENTER
APPLICANT MEDICAL FORM

Instructions: Please complete page 2. Your physical exam (page 3) will need to be completed by a physician or nurse practitioner. Your completed forms need to be accompanied by your immunization records OR a copy of titers (a blood draw showing that you have the immunities that you would have received as a result of immunizations). The following immunizations are required:

- Measles
- Mumps } 2 doses of live vaccine
- Rubella
- Varicella (chicken pox)—2 doses or titers proving that you have had the illness
- Tetanus (latest booster within last 10 years)—DTaP, DT, Tdap, or Tp are acceptable
- Hepatitis B—3 doses
- Flu (during Flu season—October through May)
- Proof of one negative PPD is required (given in the last 6 months). If you have had a positive PPD then your test results must be accompanied by a negative chest x-ray. We will administer the second PPD on your first day of internship.

Please mail/fax this form along with your proof of immunizations directly to the employee health nurse:

Shauna Beharie, RN
Elizabeth Seton Pediatric Center
300 Corporate Blvd. South
Yonkers, NY 10701
Phone: (914) 294-6321 Fax: (914) 294-6345

All questions or communication regarding medical requirements should be made directly to the employee health nurse.

MEDICAL HISTORY

Completed by Applicant

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Telephone # _____

Email Address _____ Job Title _____

Emergency Contact Person _____ Emergency Phone # _____

PAST HISTORY

Have you had any of the following? (INDICATE **Y** FOR YES, **N** FOR NO)

Asthma	Depression	Hepatitis	Thyroid Disease
Arthritis	Eczema	High Blood Pressure	Tuberculosis
Bronchitis	Epilepsy / Seizures	Immune Disease	Ulcers
Cancer	Fainting/Dizziness	Kidney Disease	Varicose Veins
Chronic Cough	Heart Disease	Pneumonia	Other:
Colitis	Headaches	Rheumatic Fever	
Diabetes	Hemorrhoids	Shortness of Breath	

Have you had any hospitalization or surgery? (List Dates, Diagnoses)

_____

_____

What medications are you taking? (List Name of Drug, Dosage, and Frequency. Include EPI PEN in this list)

_____

_____

Do you have allergies to: (Medications, Foods, Latex, Insect Stings, or Etc.) Please list all:

_____

_____

Do you/ Did you use Tobacco? _____YES _____NO IF YES, (_____# packs / day x #_____yrs)

How often do you drink alcoholic beverages? (_____#drinks / day / wk / month)

FAMILY MEDICAL HISTORY: (Cancer, Diabetes, Heart Disease, High Blood Pressure, other)

MOTHER:_____ SIBLING: _____

FATHER: _____ GRANDPARENT: _____

SYSTEM REVIEW (Check the box)

Neuro:	Headache	❑	Dizziness	❑	Seizures	❑	Visual Problems	❑	
Chest:	Pain	❑	Palpitations	❑	SOB	❑	Cough	❑	Blood in Sputum ❑
GI:	Stomach Ache	❑	Rectal Pain	❑	Blood	❑	Constipation	❑	Diarrhea ❑
GU:	Pain on Urination	❑	Frequency on Urination	❑	Blood in Urine	❑			
Musculoskeletal:	Joint Pain	❑	Back Problems	❑	Deformities	❑			
Menstruation:	Regular	❑	Irregular	❑	Menopause	❑	LMP	❑	
	Last Pap Test	❑	Mammogram	❑	Breast Self-Exam	❑			

Comments:

I certify that I am free from a health impairment that would present a risk to the residents or which might interfere with the performance of my duties. I further certify that I am free from habit or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances that might alter my behavior.

I hereby certify that all statements and answers provided by me on this examination form are complete and true to the best of my knowledge. I understand and agree that my appointment to the Pediatric Center is conditional upon full disclosure of all medical information and the failure to do so shall constitute grounds for immediate termination of employment.

_____ _____ _____

Signature **Print Name** **Date**

ELIZABETH SETON PEDIATRIC CENTER
PHYSICAL EXAMINATION
(Completed by Physician)

VITAL SIGNS: T _____ P _____ R _____ BP _____ HT _____ WT _____

General Appearance: _____

Skin: _____

HEENT: _____

Spine: _____

Lungs: _____

Heart: _____

Abdomen: _____

Extremities: _____

Neurological: _____

REQUIRED VACCINATIONS AND TITERS:

IMMUNIZATION	DATE ADMINISTERED	TITERS	TITERS MEASURED
Varicella			
Rubella			
Measles			
Mumps			
TDAP			

PPD# 1 Date Planted: _____ Site: _____ Lot #: _____ Exp. Date: _____
Date Read: _____ mm: _____ Negative: _____ Positive: _____

CHEST X- RAY (If positive PPD results) Date: _____ Negative: _____ Positive: _____

RECOMMENDED IMMUNIZATION DATES:

Hep B 1._____ 2._____ 3._____

Influenza _____

_____ _____
Signature of Examiner Date

Review & Complete (Initials) _____

PPD #2 *(Can be provided by ESPC after initial visit)*

PPD# 1 Date Planted: _____ Site: _____ Lot #: _____ Exp. Date: _____
Date Read: _____ mm: _____ Negative: _____ Positive: _____

_____ _____
Signature of Examiner Date

VOLUNTEER REFERENCE QUESTIONAIRE

Applicant Name: _____

TO THE VOLUNTEER APPLICANT:
This form should be given to a Professional/Educational to whom you are not related. The individual reference should complete the form and return it to Elizabeth Seton Pediatric Center.

TO THE REFERENCE:
The person name above is applying to become a volunteer at Elizabeth Seton Pediatric Center. Please complete this questionnaire and return it to ESPC via email, Attention:

Elizabeth Seton Pediatric Center
Vanessa Andrews
300 Corporate Blvd. South
Yonkers, NY 10701
vandrews@setonpediatric.org

Please TYPE or PRINT clearly

Reference Name: _____ Title: _____

Organization: _____ Phone: _____

Position Information

I. What was your relationship with the applicant? *(This includes the nature of the reporting relationship, length of time, etc.)*

_____

_____

II. Please confirm the applicant's

Title: _____
Primary area of responsibility:

_____

_____

_____

Professional Information

I. Please comment on the applicant's overall performance
Strengths:

_____

_____

II. How well does the applicant follow instructions?

_____

_____

III. Did the applicant complete assignments in a timely manner?

_____

_____

How was the applicant's verbal and written communication?

_____

_____

Areas of Further Development

I. In order for the applicant to continue to grow professionally, can you give me examples of a couple of areas where he/she could continue to develop?

_____

_____

Additional Questions

I. How well did the applicant get along with his/ her co-workers or colleague?

_____

_____

II. Did the applicant have any problems with lateness or absenteeism?

_____

_____

III. Did the applicant have any disciplinary problems?

_____

_____

IV. If you had the opportunity to work with the applicant again, would you?

_____

_____

Please TYPE or PRINT clearly

Title: _____

Reference Name: _____

Phone: _____

Organization: _____

Position Information

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_____

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III. Did the applicant complete assignments in a timely manner?

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How was the applicant's verbal and written communication?

_____

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