



*Requirements and Procedures for Students  
Summer 2012*

Becoming part of the student volunteer team is a process that has many steps Please review all the information with your parent/guardian. Please follow these instructions carefully.

Student Requirements:

1. High school students ages 14-18
2. A **COMPLETED APPLICATION** with all forms completed and signed. A teacher/guidance counselor recommendation form must be submitted WITH your application.
3. **WORKING PAPERS** must accompany your full application. These can be obtained from your school nurse.
4. Student Volunteers are required to make at least a **60 hour commitment over a minimum of 5 weeks** between the orientation date and the end of August.
5. Once your application has been received and reviewed you will be contacted with the dates of interview sessions.
6. Please note that if you are accepted into the Student Volunteer Program you will need to have a health assessment with NUMC medical forms signed and stamped by your own physician.

*If you wish to start this process*, forms have been included:

- a. This includes copies of immunizations and/or titers
- b. Proof of TWO recent PPDs (tuberculin skin test)
- c. These items must be brought to the NUMC Employee Health Center (open from 12:30pm-3:30pm, M-F, Building E, Room 132) You will receive a clearance form from Employee Health. ONLY Clearance forms should be submitted to Volunteer Services.

**Please do not bring medical forms to the Employee Health Center until you have been accepted into the program. However, you must receive medical clearance from Employee Health prior to starting your hours. Please DO NOT send your completed medical forms to Volunteer Services- they go directly to Employee Health.**

7. Accepted students must attend a mandatory orientation program.

Completed Applications should be returned to: Linda Walsh, Director of Volunteer Services:

**By Mail:** Nassau University Medical Center  
Department of Volunteer Services- Box 6  
2201 Hempstead Turnpike, East Meadow, NY 11554  
c/o Linda Walsh

We look forward to meeting you! If you have any questions please do not hesitate to contact Volunteer Services at 516.572.6588 or by email at [lwalsh@numc.edu](mailto:lwalsh@numc.edu).

**THE DEADLINE FOR SUMMER APPLICATIONS IS JUNE 1, 2012. THIS IS A STRICT DEADLINE AND ABSOLUTELY NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.**

DEPARTMENT OF VOLUNTEER SERVICES  
THE NASSAU UNIVERSITY MEDICAL CENTER  
2201 HEMPSTEAD TURNPIKE BOX 6  
EAST MEADOW, NY 11554 (516) 572-6588

# Requirements & Procedures for Student Summer 2012



## Student Volunteer Application

**Summer Program (July-August), at least 60 hours, minimum 5 weeks**

**Volunteering begins with a commitment. At The Nassau University Medical Center all student volunteers are required to serve at least 60 hours over a minimum of 5 weeks between the orientation date and the end of August. Please print clearly and complete the entire application. Please be sure to provide an accurate email address!**

**THIS APPLICATION SHOULD BE COMPLETED BY THE APPLICANT!**

NAME: LAST	FIRST	MIDDLE	DATE
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ADDRESS	HOME TELEPHONE #: CELL #:
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CITY	STATE	ZIP CODE	SOCIAL SECURITY #
YOU MUST PROVIDE A SS#			

PLEASE LIST ANY RELATIVES OR FRIENDS WHO ARE EMPLOYEES OR VOLUNTEERS AT THE NASSAU UNIVERSITY MEDICAL CENTER (INCLUDE NAME, DEPARTMENT AND RELATIONSHIP.)

DATE OF BIRTH	EMAIL ADDRESS:
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DO YOU HAVE A PAYING JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF HOURS PER WEEK	JOB NAME:
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JOB TELEPHONE #:	SUPERVISOR:
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VOLUNTEER EXPERIENCE:  
SERVICE DATES, LOCATIONS, VOLUNTEER DUTIES

PARENT/GUARDIAN NAME NAME	RELATIONSHIP
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GUARDIAN PHONE # (HOME)	GUARDIAN PHONE # (CELL)
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MODE OF TRANSPORTATION TO HOSPITAL:

IS VOLUNTEERING A SCHOOL REQUIRMENT. IF SO, EXPLAIN REQUIREMENTS:

ARE YOU ABLE TO STAND FOR A PERIOD OF TIME, LIFT, CARRY, BEND, STRECH, PUSH A CART OR WHEEL CHAIR WITHOUT COMPLICATION:  YES  NO

IF NO, PLEASE EXPLAIN:

DO YOU HAVE ANY ALLERGIES OR MEDICAL ISSUES NUMC SHOULD BE AWARE OF:  
 YES  NO

IF YES, PLEASE EXPLAIN:

PLEASE LIST FOREIGN LANGUAGES THAT YOU SPEAK FLUENTLY:

SPECIAL SKILLS THAT MIGHT BE USEFUL IN YOUR VOLUNTEER WORK:

CLUBS OR ORGANIZATIONS TO WHICH YOU BELONG:

PLEASE IDENTIFY SPECIFIC TIMES WHEN YOU WOULD BE ABLE TO VOLUNTEER:

- 1) List all possible hours (Please DO NOT indicate: anytime/all day)  
OR List day/evening preference
- 2) List shift length preference (ex: 4 hour shifts)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

ARE THERE ANY PARTICULAR DEPARTMENTS THAT INTEREST YOU?

- Out Patient (HBO)
- ER
- Maternity
- Green House
- Mailroom
- Housekeeping
- Pharmacy
- Cardiology
- Library
- Pediatrics
- Surgical Units
- Laundry
- Information
- Bedside
- Computer Support
- Medical Records
- Public Affairs
- Medical Units
- Surgical Waiting Rooms
- Dietary
- Stockroom
- Therapeutic Recreation
- Clerical
- Psychiatry
- Human Resources
- Outpatient Clinics
- Employee Health
- Pre-Admission
- EMS
- Physical Med & Rehab
- OR Waiting Room
- Radiology
- Ambulatory Breast Imaging
- Grounds
- Other: \_\_\_\_\_

WHEN WILL YOU BE ABLE TO START?

WHY DO YOU WANT TO VOLUNTEER AT THE NASSAU UNIVERISITY MEDICAL CENTER?

HOW DID YOU HEAR ABOUT THE VOLUNTEER PROGRAM AT THE NASSAU UNIVERSITY MEDICAL CENTER?

**I AGREE THAT AS A VOLUNTEER I WILL:**

- > FOLLOW THE COMMITMENT AND EXPECTATIONS OF THE NUMC VOLUNTEER PROGRAM
- > ATTEND A MANDATORY TRAINING SESSIONS BEFORE I BEGIN TO VOLUNTEER

STUDENT APPLICANT SIGNATURE:

X

DATE:

I CERTIFY THAT THE INFORMATION PROVIDED HERE IS CORRECT AS WRITTEN.  
PARENT/GUARDIAN SIGNATURE

X

DATE:

Welcome to the Nassau University Medical Center (NUMC) Thank you for volunteering. We feel that before you formally agree to volunteer at NUMC you should understand what is expected of you. Please consider this information a basic guide, the commitment and expectations of all volunteers. More information is outlined in the Volunteer Orientation Manual.

1. As an NUMC Volunteer one agrees to abide by the following and to accept and perform their volunteer duties within the following confidentiality guidelines as well as to follow all mandatory HIPAA rules and regulations.
2. Student Volunteers must attend a training session before they begin volunteering. Trainings are offered periodically and include, but are not limited to, information on infection control, HIPAA regulations, etc...
3. Information regarding diagnosis and/or treatment of any patient receiving services from NUMC whether inpatient or outpatient should not be discussed or repeated. Searching for or disclosing any information found on patients' charts will be considered a breach of confidentiality.
4. Volunteers may not disclose the fact that a patient is or is not receiving services as a patient or an out patient. If a person wishes for their neighbors, religious community, employers, or fellow employees to know they have been hospitalized or undergoing treatment, they must inform such persons themselves. Any disclosure of patient's status will be considered a breach in confidentiality.
5. Volunteers may not disclose information regarding financial status of any person who is a patient at or receiving treatment from NUMC. Searching for, or disclosing financial information about any patient, will be considered a breach in confidentiality.
6. If necessary, more intensive training will be provided by the department in which the volunteers will be working in.
7. Volunteers must punch in at the beginning of their shift and punch out at the end.
8. Volunteers are expected to be dressed appropriately with their assigned uniforms and ID badges. Neatness, hygiene and professionalism are of the utmost importance.
9. NUMC reserves the right to discontinue any volunteer to any particular department at any time if it is felt that your skills and ability would be better suited for a different volunteer opportunity. NUMC also reserves the right to discontinue participation in the volunteer program at any time. As a volunteer one can be terminated for breach of confidentiality, failure to obey Hospital rules and regulations; and for actions that are deemed not in the best interests of the Hospital.
10. After the completion of orientation all student volunteers will be expected to make at least a *60 hour commitment over a minimum of 5 weeks* between the orientation date and the end of August.
11. It is our understanding in the NUMC Volunteer Department that volunteers often have busy schedules, but we do ask that if one should commit to any of our opportunities that they contact the Coordinator of Volunteer Services as soon as possible if they will be unable to attend or meet that commitment. Our volunteer's dependability, reliability and follow through are of the utmost importance.
12. All volunteers are asked to conduct themselves in a punctual, conscientious way, with dignity and respect for all patients, staff, visitors and people within the hospital and its grounds.
13. Volunteers are asked to abide by policies, procedures, supervision and directions of the Volunteer Services Department which includes all placements, schedules, assignments and responsibilities, etc...
14. Volunteers may not at anytime participate in observation of clinical services; including but not limited to, direct patient care.
15. Volunteers at all times must uphold the standard, ethics and mission statement of the Nassau University Medical Center.

16. Volunteers are expected to attend any scheduled NUMC volunteer service meetings.
17. Volunteers must attend annual in-service trainings on “mandatory” topics as outlined in the Volunteer Orientation Program Manual.
18. Annually, all volunteers must receive a mandatory tuberculin skin test, at no cost through the Employee Health Center or from their own physician.
19. All volunteers are expected and asked to maintain open communication with the Volunteer Services Department.
20. Volunteers must return their ID badge upon completion of their volunteer services.
21. There is a \$10 charge for the mandatory volunteer uniform.
22. As a volunteer one is expected to uphold the NHCC values at all times.
  - **CREATE A POSITIVE IMPRESSION**  
First impressions are lasting impressions.
  - **ANTICIPATE AND RESPOND**  
Take the initiative to meet needs and exceed expectations.
  - **RESPECT**  
Value the opinion of others and appreciate each other’s contributions and diversity.
  - **INTEGRITY AND COMPASSION**  
We perform our jobs in an ethical manner, with honesty, sincerity, and compassion for others.
  - **NEAT-CLEAN-SAFE**  
We pride ourselves on providing a safe and healing environment.
  - **GOING ABOVE AND BEYOND**  
Set high standards and strive to be the best.

If you have any questions or concerns please feel free to discuss them with the Director of Volunteer Services. Volunteers make a difference everyday.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PARENT/GUARDIAN PERMISSION FORM**

I hereby give my son/daughter \_\_\_\_\_ permission to participate in the student volunteer program at Nassau University Medical Center. I understand that my child is responsible for notifying the Volunteer office for any absence, planned or unplanned, as soon as possible.

I endorse and support at least a 60 hour commitment over a minimum of 5 weeks that my child has agreed to fulfill.

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT AND MEDICAL AUTHORIZATION**

Date: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ give consent to Nassau University Medical Center and to its medical and nursing staff to examine or treat my son/daughter in the event of accident or illness that may occur in the course of performing duties as a Student Volunteer at the Nassau University Medical Center.

I also give my consent to Nassau University Medical Center to perform health assessments/screenings as requires by hospital policy.

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

Parent/Guardian Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State Zip

**PARENT/GUARDIAN CONSET FORM TO RELEASE SCHOOL RECORDS**

Your daughter/son is applying to the Student Volunteer Program at Nassau University Medical Center.

To be accepted into our program, we require:

- He/she be 14 years of age or older.**
- Completed working papers** (form and papers to be obtained from student's high school)
- A completed recommendation form from a teacher or guidance counselor.**
- A four hour orientation for students.**

The law requires that when a student is under 18 years of age, parental permission must be obtained before school records can be released. We will not process an applicant without this form. We will only request school records on an as needed basis- this form should be returned with the application packet.

Students Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

RE: \_\_\_\_\_  
Student's Name

Dear Guidance Counselor/Teacher:

The student named above at your high school has applied to the Student Volunteer Program at Nassau University Medical Center. To help us evaluate the potential of this applicant for volunteer services, we would appreciate your completing the enclosed recommendation form.

Please return the recommendation form via mail, not through the student, to the address below, as soon as possible. We are unable to process his/her application until this information is received. If you have any questions, please contact me in the Volunteer Services Department any weekday at 516.572.6588.

Thank you for you time and cooperation.

Sincerely,

*Linda Walsh*

Linda Walsh, CTRS  
Director of Volunteer Services  
Director of Therapeutic Recreation

Department of Volunteer Services- Box 6  
2201 Hempstead Turnpike  
East Meadow, NY 11554

Phone: 516.572.6588

**EVALUATION: STUDENT VOLUNTEER PROGRAM**

Student's Name: \_\_\_\_\_

Please evaluate the above named student on a scale 1 to 5, according to the recommendation criteria given below. Your responses will be held in strict confidence.

Recommendation: 1-not recommended, 2-recommended with reservation, 3-recommended, 4-recommended with confidence, 5-highly recommended

1. Cooperation-Includes ability to get along with others, accept authority and follow instructions, adaptability, tactfulness, flexibility.

1 2 3 4 5

2. Character-Includes loyalty, integrity, sincerity, concern for others.

1 2 3 4 5

3. Industry-Includes willingness to work, perseverance, work habits, attention.

1 2 3 4 5

4. Initiative-Includes intellectual curiosity, willingness to attempt new things, resourcefulness

1 2 3 4 5

5. Reliability-Includes dependability, good judgment, honesty, ability to function with minimal supervision.

1 2 3 4 5

6. Emotional control-Includes maturity, poise, stability, self confidence.

1 2 3 4 5

7. Leadership ability-Includes objectivity, patience, ability to accept responsibility.

1 2 3 4 5

8. Academic Standing-The student is in good academic standing.

1 2 3 4 5

9. In your general opinion, is this student mature enough as well as capable of assuming the responsibilities required in a healthcare setting?

1 2 3 4 5

Additional Comments:

Guidance/Teacher's Name: \_\_\_\_\_

Guidance/Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NUHEALTH**

**Employee Health Services: *Physician Attestation Instructions for N employees***

New York State Department of Health Regulations 405.3(b) requires all healthcare personnel to have a physical examination and recorded medical history to ensure there is no health impairment that would pose a potential risk to patients.

Please have the attached **Physician Attestation** completed, **signed** and **stamped** by your healthcare provider. YES, YOU NEED ALL OF THE BELOW INFORMATION!

Immunity is required for **measles/rubella/mumps**. A person is considered immune if they have a documented vaccine history (detailed below)

- 1) 2 doses of live **MMR** vaccine on or after the first birthday and separated by at least 28 days.

**OR**

- 1) 2 doses of live **measles** vaccine on or after the first birthday and separated by at least 28 days **AND**

- 2) 1 dose of live **rubella** vaccine administered on or after the first birthday **AND**

- 3) 2 doses of live **mumps** vaccine administered on or after the first birthday and separated by at least 28 days.

**OR**

Laboratory confirmation of immunity (**most desirable and preferred**).

**Varicella:** Evidence of immunity includes:

- 1) documentation of 2 doses of **varicella** vaccine at least 28 days apart

**OR**

- 2) laboratory confirmation of immunity (**most desirable and preferred**).

TWO documented **Tuberculin Skin Tests (PPDs)**. One recent **AND** one within one year. Or **TWO** recent. **EVEN IF YOUR OWN PHYSICIAN WILL NOT GIVE YOU TWO PPDs BACK TO BACK- THEY ARE STILL REQUIRED!** Those persons with a **positive TST** are required to submit proof of a **chest x-ray** done within the last year.

PLEASE COMPLETE THE ENTIRE FORM AND REVIEW CAREFULLY- EMPTY SPACES OR MISSING INFORMATION WILL RESULT IN NON CLEARANCE.

**The completed Physician Attestation AND medical form may be returned to the Employee Health Office Room E 132**

**Monday through Friday 12:30 p.m. – 3:30 p.m.**



**DO NOT RETURN THE FOLLOEING FORM WITH YOUR APPLICATION PACKET - ONLY IF YOU HAVE BEEN ACCEPTED – PLEASE BRING THIS FORM TO THE ABOVE OFFICE AND RETURN ONLY THE CLEARANCE FORM RECEIVED FROM EMPLOYEE HEALTH TO VOLUNTEER SERVICES. KEEP A COPY FOR YOUR OWN RECORDS!**

IF YOU HAVE QUESTIONS REGARDING THESE MEDICAL FORMS PLEASE CONTACT EMPLOYEE HEALTH DIRECTLY AT 516.572.6308 ONLY!



**DO NOT RETURN THIS FORM TO VOLUNEER SERVICES or with your application – PLEASE BRING IT TO NUMC EMPLOYEE HEALTH – RM E-132, M-F, 12:30PM-3:30PM.**

**IF YOU HAVE QUESTIONS REGARDIG THESE MEDICAL FORMS PLEASE CONTACT EMPLOYEE HEALTH DIRECTLY AT 516.572.6308 ONLY!**

**NUHEALTH  
NASSAU UNIVERSITY MEDICAL CENTER**

Employee Health Services: Physician Attestation for N employees

Name print last/first: \_\_\_\_\_/\_\_\_\_\_

Address print: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Below to be **completed, signed** and **stamped** by a Licensed Practitioner:

**Proof of immunity to Measles, Mumps, Rubella**

#1 MMR vaccine \_\_\_\_\_ Measles vaccine #1 \_\_\_\_\_ #2 \_\_\_\_\_  
#2 MMR vaccine \_\_\_\_\_ Mumps vaccine #1 \_\_\_\_\_ #2 \_\_\_\_\_  
Rubella vaccine \_\_\_\_\_

Rubella virus IgGAb titer results (attached) \_\_\_\_\_  
Rubeola virus IgGAb titer results (attached) \_\_\_\_\_  
Mumps virus IgGAb titer results (attached) \_\_\_\_\_

**Proof of immunity to Varicella**

#1 Varicella vaccine \_\_\_\_\_ Varicella virus IgGAb titer results (attached) \_\_\_\_\_  
#2 Varicella vaccine \_\_\_\_\_

**Proof of immunity to Hepatitis B**

#1 Hepatitis B vaccine \_\_\_\_\_ HepBsAb results (attached) \_\_\_\_\_  
#2 Hepatitis B vaccine \_\_\_\_\_ Refused Hepatis B vaccine series \_\_\_\_\_  
#3 Hepatitis B vaccine \_\_\_\_\_

**2 Step Tuberculin Skin Test (PPDs- please complete both sections)**

**TST #1** (recent)Date \_\_\_\_\_ **TST #2** (within 1 yr. of application) Date \_\_\_\_\_  
Date evaluated \_\_\_\_\_ Date evaluated \_\_\_\_\_  
Result: \_\_\_\_\_ mm induration Result: \_\_\_\_\_ mm induration

**Has a positive reaction to the TST.** A chest X-Ray report is required (**within the year**) (attached).  
Review of symptoms: persistent cough, fever, chills, unexplained weight loss, night sweats, coughing up blood, loss of appetite, prolonged fatigue. Does the above named have any of these symptoms? (please circle) NO YES

\* I have performed a physical examination of sufficient scope to ensure that the above named person is free from health impairment which is of potential risk to the patient or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior (per N.Y.S. Code 405.3(b)).

Practitioner's signature: \_\_\_\_\_

Practitioner's name(print): \_\_\_\_\_

Address: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_

Date this certificate was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Practitioner's Stamp:**

THIS FORM MUST BE COMPLETE AND STAMPED -PLEASE REVIEW

**Before you submit your application - Be sure to review this check list!**

- ALL APPLICATION FORMS ARE SIGNED AND DATED BY ALL REQUESTED PARTIES**
- I HAVE ENCLOSED A COPY OF MY WORKING PAPERS.**
- I HAVE GIVEN MY TEACHER/GUIDANCE EVALUATION FORM TO SUBMIT.**
- I HAVE KEPT THE MEDICAL FORM AND INFORMATION AND PLAN TO BEGIN TO START WORKING ON MY CLEARANCE. I HAVE NOT ENCLOSED ANY MEDICAL FORMS OR MEDICAL INFORMATION.**
- I HAVE PROVIDED AN ACCURATE EMAIL ADDRESS, SOCIAL SECURITY NUMBER AND PHONE NUMBER.**
- I HAVE NOT MISSED ANY VOLUNTEER SERVICES DEADLINES.**

**AGAIN THE DEADLINE FOR SUBMISSION IS JUNE 1<sup>ST</sup> !**