Visit us at: roosevelthospitalnyc.org/our-volunteer-program or
stlukeshospitalnyc.org/Volunteer_Requirements_and_Application.aspx

Mount Sinai St. Luke's   **Mount Sinai West**

Which campus are you applying to?

☐ Mount Sinai St. Luke's Hospital, 1111 Amsterdam Ave

☐ Mount Sinai West Hospital, 1000 10th Ave.

For Office Use Only: Application
Rec'd: _____
Interview Date: _____
Volunteer #: _____

Incomplete applications will not be reviewed

PERSONAL INFORMATION *(must include full legal name below)*

Last	First	Middle	Social Security **(first 4 digits only)** _____ - ___x-xxxx

Preferred Name

Address	House Number + Street	Apt. #	City/Town	State	Zip

Telephone Preferred	Alternative	Email:

Have you ever volunteered at Mount Sinai West or Mount Sinai St. Luke's? When? What Department? Why did you leave?

YES ☐   NO☐

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?

Name: Relationship: Phone:

Are you 18 years of age or older? YES ☐   NO ☐
If you are under 18, your parent or guardian's signature is required. **See page 3.**

INTEREST

Day(s) and Time (s) you are available to volunteer? Please be specific:	What area are you most interested in? Direct Care/Patient Contact ☐ Administrative/Clerical ☐ Please list any specific populations that interest you:
What departments or programs are you most interested in? Refer to campus opportunities on website:	Do you speak any languages? YES ☐ NO ☐ What languages?
Do you have any physical, mental or medical condition, which would limit your ability to perform functions of a volunteer job? YES ☐ NO ☐ If yes, please describe:	Who referred you to us?

Are you applying for Summer Only?   YES ☐   NO ☐
Summer applicants will only be considered if submitted between January 1 and March 31.

⇨**Next Page**⇨

EMPLOYMENT OR VOLUNTEER EXPERIENCE INFORMATION

Please attach a resume listing any paid and/or unpaid position(s) you have held or list at least two past paid or volunteer experiences below.

Company or Organization Name	From	To	Position:		Reason for leaving
Duties					
Supervisor		Telephone:	May we contact him/her? YES ☐ NO ☐		

Company or Organization Name	From	To	Position:		Reason for leaving
Duties					
Supervisor		Telephone:	May we contact him/her? YES ☐ NO ☐		

OTHER SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills or qualifications you have acquired from extracurricular activities or hobbies. *Required for those without any work or volunteer experience.*

EDUCATION INFORMATION

High School (if a current student)

Name of School:

School Location:

What grade are you in?

What is your average (i.e. A, 3.0, 85%, etc.)?

College/University (if applicable)	**Other** (if applicable)
Name of School: Major: School Location: Graduation Date/Anticipated Graduation Date: Degree completed:	School: Certificate, License, Degree: School: Certificate, License, Degree:
Are you required to volunteer? YES ☐ NO ☐ If yes, what is the reason? What are the requirements (i.e. hours, type of placement)?	**Are you looking for a field placement?** **Yes ☐ No ☐** If yes, Course Title: Professor's Name: Telephone Number:

PERSONAL STATEMENT

In a brief paragraph please describe why you are interested in volunteering at Mount Sinai West or Mount Sinai St. Luke's:

I understand and agree that:

- The information provided in this application and on my resume is true and complete to the best of my knowledge. I understand that any false or misleading statements on this application, on my resume, on any prescreening documents or in my interview(s) will justify refusal of volunteer status or, if I am hereafter on boarded by Mount Sinai West or Mount Sinai St. Luke's, termination of my volunteer status.

- Mount Sinai West or Mount Sinai St. Luke's may verify all of the information that I have provided on this application and I release Mount Sinai West or Mount Sinai St. Luke's and its representatives from liability for seeking such information. I release from all liability whatsoever any and all persons, institutions, business entities, and corporations providing Mount Sinai West or Mount Sinai St. Luke's with such information. I further agree to sign whatever consent forms may be necessary to permit Mount Sinai West or Mount Sinai St. Luke's to verify all of the information that I have provided in this application.

- I understand that in accordance with New York State law, if I am offered a volunteer opportunity, the offer is conditional upon satisfactory clearance by the Hospital's Employee Health & Safety Department, which includes medical clearance, drug testing, possible background check and satisfactory reference verification.

- I have decided for charitable reasons to serve as a volunteer at Mount Sinai West or Mount Sinai St. Luke's Hospital. I have absolutely no expectation that I will receive money or compensation of any kind from the Hospital or Health System for my volunteer services. I also have no expectations that my volunteer service will lead to my being hired as an employee of the Hospital or Health System and no one at the Hospital has told me that my volunteer service could lead to employment here. My only reason for volunteering is to donate my time to benefit the Hospital and its patients.

- I understand I must complete 150 hours of service before any information regarding service hours is released.

In consideration of any volunteer opportunity which may be offered to me, I agree to comply with the policies, rules, regulations and procedures of Mount Sinai West or Mount Sinai St. Luke's.

This application will remain current for 90 days. At the conclusion of the 90-day period, if I have not then been on boarded as a volunteer by Mount Sinai West or Mount Sinai St. Luke's, I understand that I must complete and submit a new application to remain eligible for consideration for volunteering.

My name typed below will stand as my signature, confirming the completeness and accuracy of the information I provided above, and will carry the same force and effect as if it were signed and affixed by my hand.

Signature: _____   Date: _____

Parent or other legal representative must sign if applicant is under 18 years of age.

Parent Signature _____   Date: _____

VOLUNTEER CHARACTER REFERENCE

NOTE: One reference must be submitted along with your application. No application will be accepted or reviewed without references. Letters are acceptable or references can complete the form below.

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant Name:

Contact Phone #:   **Email Address:**

I authorize Mount Sinai West or Mount Sinai St. Luke's, or any agent it expressly authorizes to act on its behalf, to investigate fully all the information and references contained on my application for a volunteer position. I release my current employer as well as former employees and other appropriate references from any liability and responsibility for providing written or verbal information about me to Mount Sinai West or Mount Sinai St. Luke's.

My name typed below will stand as my signature, confirming the completeness and accuracy of the information I provided above, and will carry the same force and effect as if it were signed and affixed by my hand.

Signature: _____   **Date:** _____

SECTION 2: TO BE COMPLETED BY YOUR REFERENCE (*Family members should not act as a reference*)

Reference Name:

Contact Phone #:   **Email Address:**

1. How long have you known the applicant?

2. In what role?   Professional ☐ Personal ☐ Academic ☐ Other ☐

3. Below, please evaluate the applicant in the following categories:

Evaluation Rating	Excellent	Above Average	Average	Needs Improvement	Not Applicable
Attendance/Punctuality	☐	☐	☐	☐	☐
Cooperation/Attitude	☐	☐	☐	☐	☐
Customer Service	☐	☐	☐	☐	☐
Dependability	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐
Quality of Work	☐	☐	☐	☐	☐

Professional references, please answer questions 4 & 5. If not, please proceed to question 6:

4. Please indicate his/her job title and dates of employment:

5. Would you rehire: Yes ☐ No ☐   If no, please explain:

6. Do you have any additional information that would help us evaluate this candidate?

My name typed below will stand as my signature, confirming the completeness and accuracy of the information I provided above, and will carry the same force and effect as if it were signed and affixed by my hand.

Reference Signature _____**Date:** _____

Volunteer Application Process & Requirements

All applicants must submit the following documents in order to be considered for a volunteer position at Mount Sinai West or Mount Sinai St. Luke's.

- A completed **Application Form**
- One letter of **recommendation** or completed reference form (someone not related to you)
- A **resume** (not required but highly recommended)

These items can be submitted by mail, fax, email or in person.

Mount Sinai West Hospital
1000 Tenth Avenue, New York, NY 10019
Room 1G-49
212.523.7155
MSWVolunteers@chpnet.org
Fax: 212.523.6480

Mount Sinai St Luke's Hospital
1111 Amsterdam Ave., New York, NY 10025
Travers 513
212.523.2188
MSSLVolunteers@chpnet.org
Fax: 212.636.1937

Expectations and General Volunteer Requirements
- Applicants must have a US social security number
- Commitment to at least one consecutive 3-hour shift per week and a minimum of 150 hours
- Volunteers must be 18 years old or older
- Junior Ambassadors must be 15 – 17 years old to participate in this program
- Please note that not everyone who applies is accepted into the volunteer program

Application Process
- Complete the volunteer application materials and submit via mail, fax, email or in person
- Incomplete materials will not be accepted or considered
- Applications will be reviewed every two weeks to determine fit and availability
- Applicants will be notified by phone or email regarding the status of their application
- If you are identified to move forward, you will be interviewed for a volunteer placement
- Interviews do not guarantee placement
- Typically takes 4 – 6 weeks for the full process to be completed

If you are suitable for one of our opportunities, you will be scheduled for an **interview**. If invited to move forward and join the volunteer team, the following will need to be completed:

- **Pre-Placement Medical Evaluation.** Please note: You will be responsible to have medical paperwork completed by your own physician. A medical evaluation is required by New York State Public Health Law to promote the safety and well-being of our patients and our staff.

- **Orientation.** You will review the Volunteer Handbook and complete a quiz. In addition, you will attend an in-person orientation which will cover hospital guidelines, regulations, policies & procedures as they pertain to your volunteer placement. You will also complete training within the area to which you are assigned.

Additional questions can be directed to our staff:
Amy Bush, Director: ambush@chpnet.org
Ramona Gross, Assistant Director, rgross@chpnet.org

SUBMITTING THE REQUIRED DOCUMENTS DOES NOT GUARANTEE A VOLUNTEER ASSIGNMENT