



Dear Prospective Volunteer:

Thank you for your recent inquiry regarding the Adult Volunteer Program at White Plains Hospital. Volunteers are an essential part of providing exceptional care to our community. We are looking for individuals who can make a minimum commitment of at least 70 hours per year.

Administrative process/next steps to become a volunteer:

- Complete volunteer application and mail to: White Plains Hospital - Volunteer Services, 41 East Post Road, White Plains, NY 10601
- Upon review of application for potential assignment, match, and reference check— you will be called to schedule a personal interview

Upon assignment confirmation:

- Complete Orientation Paperwork
- Complete Health Clearance Forms- *including appointment with White Plains Hospital Occupational Health Office to obtain a health clearance*
- Criminal background check
- Follow-up appointment to issue Hospital ID, parking tag and confirmation of start date and assignment specific training

We look forward to meeting with you as you pursue a successful and rewarding volunteer career!

Sincerely,

Roseanne Braiotta
Director, Volunteer Services
(914) 681-1225

Revised 12-10-2015



White Plains Hospital Adult Volunteer Application

(No questions on this application is asked for the purpose of limiting or excluding any applicant's consideration for volunteer placement based on race, color, religion, age, sex, marital status, sexual orientation or national origin. Confidentiality will be maintained.)

Name _____

Address _____ City/State _____

Zip Code _____ Daytime Phone: (____) _____

Evening Phone: (____) _____ E-Mail _____

Place of Employment: _____

In Emergency Notify: (h) _____
(w) _____
(c) _____
Name _____ Phone Number _____

Physician's Name _____ (____) _____
Physician's Phone Number _____

Physician's Address _____ City/State/Zip Code _____

Are you volunteering for school credit or an internship?

No _____ Yes _____ Number of hours _____ Completion deadline _____

School
Attending _____

Have you ever been convicted of a felony or released from prison in the last 10 years?
No _____ Yes _____ (A YES answer does not necessarily disqualify you. The nature of the offense/date will be taken into consideration to determine whether volunteer placement is appropriate.)

Explanation: _____

What is your anticipated length of commitment to White Plains Hospital?
Number of months _____ Start date _____ End date _____

Number of times per week you are willing to volunteer _____
(Continue on next page)

Check available times:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

What types of volunteer work or what departments most interest you?

Are you able to perform the essential job duties of the position for which you are applying?

Other volunteer experience/community involvement:

Work experience (general):

Have you ever been employed by or volunteered at White Plains Hospital?

Yes _____ No _____ If YES: Dates _____ Department _____

Skills/Hobbies/Interests/Language skills that you are willing to share:

List any experience with office equipment, computers, and/or software:

References (non-relation):

1.	Name	Address	Phone/Email	Relationship
2.	Name	Address	Phone/Email	Relationship
3.	Name	Address	Phone/Email	Relationship

I have answered each question fully and correctly. I understand that any deliberate misstatement could disqualify me or cause termination of my volunteer position at White Plains Hospital. I authorize White Plains Hospital to check my medical background and perform criminal background and reference checks. I have read and clearly understand the above statements.

Volunteer Applicant Signature

Date