



# *Eastern Long Island Hospital Auxiliary*

## **ELIH Auxiliary Membership Application**

Dear Applicant:

Thank you for your interest in volunteering with the ELIH Auxiliary. **To expedite the application process, please carefully review the information below.**

All applicants are required to make an annual commitment of at least **100 hours of service**. If you are interested in volunteering during the summer months only, please allow yourself enough time to complete the process so that you can meet the hour requirement. Ideally, summer applicants should begin the process no later than April and complete the orientation process prior to the end of June.

**Applications are accepted:  
By Appointment. Please call 631-477-5196.**

Walk-ins are accepted; however, we strongly recommend that you call the office on the day you would like to submit your application to confirm that a staff member will be available to assist you. Please note: Volunteer Services is not open on holidays.

Only completed applications will be accepted. Did you:

- ✓ Complete all pages of the Auxiliary Membership Application.
- ✓ Complete all pages of the Background Review documents as required by SBELIH if you also intend to volunteer at the Hospital or the Opportunity Shop.
- ✓ Attach a check for \$20 individual or \$30 family made out to the ELIH Auxiliary to join the Auxiliary.

The Volunteer Services Office is in the back of the Hospital; please stop at the Information Desk for a visitor pass and directions and to ensure that a staff member is available. You may drop off your completed application at the ELIH Foundation Office at 222 Manor Place across from the Hospital.

Your application will be reviewed by the Volunteer Services staff (only completed applications will be accepted). An orientation appointment will be scheduled. In addition to a background review conducted by SBELIH, you will be required to undertake an annual Employee Health Assessment. If you have any questions, please call the Volunteer Office at 631-477-5196, the Foundation Office 631-477-4598 or visit the VOLUNTEER section of <https://elih.stonybrookmedicine.edu/AUXILIARY/Join>.



# Eastern Long Island Hospital Auxiliary

## EASTERN LONG ISLAND HOSPITAL AUXILIARY

### APPLICATION FOR VOLUNTEER SERVICE – In Hospital or Opportunity Shop

Thank you for your interest in becoming a Stony Brook Eastern Long Island (SBELIH) Volunteer. In order to volunteer at Stony Brook Eastern Long Island Hospital, you must be a current member of the Eastern Long Island Hospital Auxiliary. Annual membership is \$20 individual or \$30 family. Please attach a check made payable to the Eastern Long Island Hospital Auxiliary to this application. Applicants for this program must be 18 years of age or older. Volunteering begins with a commitment. At SBELIH we encourage all volunteers to serve at least 3.5 hours a week for at least eight months or annually complete 100 hours of volunteer service.

#### **PLEASE PRINT THE FOLLOWING INFORMATION**

DATE \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Male or Female (please circle)

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email # \_\_\_\_\_

Education: \_\_\_\_\_

Volunteer Experience:  
\_\_\_\_\_  
\_\_\_\_\_

Area(s) of Volunteer interest: Hospital: \_\_\_\_\_ Opportunity Shop: \_\_\_\_\_

Special Projects: \_\_\_\_\_

Availability: Please check all days which you are available to volunteer – please note that shifts are 3.5 hours each – either 9 AM to 12:30 PM or 12:30 PM to 4 PM:

( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday ( ) Saturday\*

\*OpShop Only

Describe your computer skills: \_\_\_\_\_



# *Eastern Long Island Hospital Auxiliary*

Emergency Contact Person/Telephone# \_\_\_\_\_

Relationship to Emergency Contact \_\_\_\_\_

Are you currently enrolled in college? If yes, where? \_\_\_\_\_

Are you currently employed? Job title if employed, where? \_\_\_\_\_

**Authorization to Conduct Background Verification and General Release** In connection with my application to become a volunteer at the SBELIH, hereafter “employer”, I hereby authorize the employer to conduct a background investigation pursuant to the Fair Credit Reporting Act which may include, but not limited to, a Social Security Number verification and Criminal Conviction verification. I also authorize the “employer” to conduct an Office of Inspector General (OIG) search to ascertain my current status with the OIG List of Sanctioned Individuals, and to conduct a General Services Administration (GSA) search of their List of Parties Excluded to ascertain my current status in the GSA. I am aware that I have the right under Fair Credit Reporting Act to request from the vendor performing the background check, the nature and scope of any report they have prepared in conjunction with the verifications conducted related to my application to volunteer. I authorize and request all courts and law enforcement agencies to release such information without restriction or qualification. I hereby release Stony Brook Eastern Long Island Hospital, their respective officers, employees and agents, from any liability and responsibility arising from preparation of the above described background check, investigation or report, and any resulting outcome or consequences, as well as any liability and responsibility arising from obtaining, reviewing, discussing any information gathered in connection with a review of my application, and any resulting consequences.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

( ) Application and Check to Membership Chairperson      DATE: \_\_\_\_\_      Initials: \_\_\_\_\_

( ) Application to Volunteer Services Chairperson      DATE: \_\_\_\_\_      Initials: \_\_\_\_\_

( ) Application to Opportunity Shop Chairperson      DATE: \_\_\_\_\_      Initials: \_\_\_\_\_