Dear Applicant:

Thank you for your interest in the Stony Brook Eastern Long Island Hospital Volunteer Program. **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 must complete the process prior to the end of June.

**Applications are accepted:**
Monday through Thursday
9:30am-11:30am or by appointment

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 is 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 application.
- Complete the Employee Health Screening Pre-Admission Questionnaire.
- Have your physician complete the Volunteer Health History Form AND Medical Reference Form
- Attach a check for $15 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. Alternatively, you may drop off your completed application at the ELIH Foundation Office at 222 Manor Place across from the Hospital.

When you arrive at the Volunteer Office, your application will be reviewed by the Volunteer Services staff (only completed applications will be accepted). An orientation appointment will be scheduled. If you do not have documentation of two MMR vaccines, and/or two Varicella vaccines you will be given the opportunity to schedule an Employee Health Assessment. Information outlining the health requirements is included in this application packet. If you have any questions, please call the Foundation Office 631-477-4598 or visit the VOLUNTEER section of [www.elih.stonybrookmedicine.edu](http://www.elih.stonybrookmedicine.edu).

DEPARTMENT OF VOLUNTEER SERVICES ELIH STONY BROOK Hospital, Greenport, New York 11944 (631) 477-5498.
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 $15. 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 CHECK ONE BRANCH:

EAST END/SHELTER ISLAND _____ SOUTHOLD WEST _____ TWIGS _____

PLEASE PRINT THE FOLLOWING INFORMATION

DATE_______________

Name: ____________________________________________________________

Home Address: _____________________________________________________

Date of Birth_________________________ Male or Female (please circle)

Telephone #________________________ Cell #__________________________

Email #______________________________

Education: ________________________________________________________

Volunteer Experience:

_________________________________________________________________

_________________________________________________________________

Area of Volunteer interest: Hospital: ________ Opportunity Shop: _________

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: __________________________________________

2
Emergency Contact Telephone Number ____________________________________________

Relationship to Emergency Contact ____________________________________________

Are you currently enrolled in college? If yes, where? ________________________________

Are you currently employed? Job title if employed, where? ____________________________

______________________________________________________________________________

Have you ever been convicted of a felony or misdemeanor? No _____ Yes _____

If yes, provide date, charge, and disposition. ________________________________

______________________________________________________________________________

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

FOR OFFICE USE ONLY:
( ) Application and Check to Branch Chairperson DATE: ________ Initials: ______
( ) Application to Volunteer Services DATE: ________ Initials: ______
( ) Application to Opportunity Shop Chairperson DATE: ________ Initials: ______
VOLUNTEER EMPLOYEE HEALTH PRE-ADMISSION QUESTIONNAIRE

Orientation Date: ______________________
MRN: ______________________

PLEASE PRINT CLEARLY – THANK YOU

Volunteer’s Name:
LAST _________________________ FIRST _________________________

Sex (circle one) MALE FEMALE

Date of Birth _________________________ Marital Status _________________________

Ethnic Group _________________________ Telephone Number _________________________

Street Address ______________________________________________________________

City, State, Zip Code _________________________

Social Security Number _________________________

Religion _________________________

Veteran Status _________________________

Mother’s Maiden Name _________________________

Birthplace _________________________

Emergency Contact Name _________________________

Emergency Contact Address _________________________

Emergency Contact Telephone Number _________________________

Relationship to Emergency Contact _____________________________________________

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Office Use Only

Check one:
______ Seeing Private Physician _______ EHS Appointment ________________ Date of Appointment