



## **Application for Volunteer Services and ELIH Auxiliary**

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: \_\_\_\_\_

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:**

<input type="checkbox"/> Application and Check to Branch Chairperson	DATE: _____	Initials: _____
<input type="checkbox"/> Application to Volunteer Services	DATE: _____	Initials: _____
<input type="checkbox"/> 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