Stony Brook
Eastern Long Island
Hospital

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 complete the orientation 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.
- ✓ Please attach a check made out to ELIH Auxiliary—$20 for an individual membership or $30 for a family membership. This is the annual membership fee.

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.

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. In order to be an active volunteer in the hospital or the Opportunity Shop, you will be required to undergo a background check and an annual medical assessment. If you have any questions, please call the Foundation Office 631-477-4598 or visit the VOLUNTEER section of 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 $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 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:		
( ) Application and Check to Membership 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: _____

Registrar to enter MRN and fax to ?

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 _____

Office Use Only

Check one:

_____ Seeing Private Physician _____ EHS Appointment _____ Date of Appointment