



**Stony Brook  
Eastern Long Island  
Hospital**

Junior Volunteer Program  
201 Manor Place  
Greenport, NY 11944  
631-477-5196

**Stony Brook Eastern Long Island Hospital Junior Volunteer Application**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

I hereby certify that I am 15 – 18 years of age  Social Security # \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I will be graduating high school in the year \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you had prior experience as a volunteer: \_\_\_\_\_

If so, where? \_\_\_\_\_ When? \_\_\_\_\_

Why are you interested in volunteering at Stony Brook Eastern Long Island Hospital?  
\_\_\_\_\_  
\_\_\_\_\_

Please circle the day and shifts that you will be available for volunteer service.

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday  
am pm      am pm      am pm      am pm      am pm      am pm      am pm

List two adult references not related to you:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

By signing this application, I certify that the information I have given is true and that I am 15 years of age or older. I understand that visiting friends or relatives will not be allowed to accompany me during my volunteer shift. As an SBELIH junior volunteer, I am bound by a professional code of ethics, and agree to respect the privacy of each patient. I will not discuss a patient's presence, identity, diagnosis, or treatment with anyone either inside or outside of the hospital. I agree to use confidential information only as needed to perform my volunteer duties. This means I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential information belonging to SBELIH. I understand that I will be automatically dismissed as a junior volunteer if I do not respect my responsibility for maintaining confidentiality.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Minor to Participate in SBELIH Junior Volunteer Activities**

I will authorize \_\_\_\_\_, a minor, to participate in the Junior Volunteer Program at Stony Brook Eastern Long Island Hospital. I understand that my daughter's/son's services are donated to SBELIH without expectation of compensation or future employment.

I hereby give my permission for said minor to participate in the mandatory health screening for the SBELIH Junior Volunteer Program. I understand that the screening includes a TB (tuberculosis) skin test (or chest x-ray, if positive) which will be provided at no cost by the hospital. I am aware that my daughter/son must return within 48 hours to have the TB test read and documented by hospital personnel (RN). By signing this form, I also agree that my daughter/son will have reliable transportation to the facility on her/his assigned day of service.

I understand that SBELIH reserves the right to terminate my daughter's/son's services as a Junior Volunteer due to failure to comply with hospital policies and procedures, and personal conduct, attitude, or appearance unbecoming a member of SBELIH Junior Volunteer Program.

I clearly understand the conditions of my daughter's/son's membership in the Junior Volunteer Program at SBELIH. I release SBELIH and its employees from any claim of liability for any damages, injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of SBELIH while participating in such volunteer activities.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**\*\*Where can we reach you in case of an Emergency involving your child?**

Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Phone # (work) \_\_\_\_\_ (home) \_\_\_\_\_

If we cannot reach you, who should be contacted?

Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Phone # (work) \_\_\_\_\_ (home) \_\_\_\_\_

Stony Brook Eastern Long Island Hospital does not participate in any court ordered community service programs