

## SUMMER VOLUNTEER APPLICATION GUIDELINES

Application and Essay Period:

February 1<sup>st</sup> – February 28<sup>th</sup>

In order to be considered for a summer volunteer position with Cohen Children's Medical Center (CCMC), please submit all required materials from February 1<sup>st</sup> – February 28<sup>th</sup> to the CCMC Volunteer Office at [CCMCApplications@northwell.edu](mailto:CCMCApplications@northwell.edu). The subject line should read: Summer Volunteer Application.

Requirements for consideration:

- Summer Application
- Essay on why you want to be a summer volunteer at CCMC
- Letter of recommendation
- Volunteer Reference Form
- Must be available to volunteer a minimum of 4 shifts per week for 8 consecutive weeks (July & August)
- Attend an interview
- *If accepted*, you must attend a 3-hour orientation training class and receive medical clearance before starting (medical to be completed by your own physician). If you are under 18yo a parent or guardian must attend the training class with you.

Please understand that we receive an overwhelming amount of applications and are not able to accept all applicants. Incomplete applications will not be considered. Any applications received before or after the application period will not be considered.

You will receive notification regarding acceptance/declination after your application has been reviewed.

Thank you for considering Cohen's and good luck!



Please submit your application to: [CCMCApplications@northwell.edu](mailto:CCMCApplications@northwell.edu)

Application due date: **February 28<sup>th</sup>**

# SUMMER PROGRAM

## APPLICATION FOR VOLUNTEER SERVICE

Northwell Health is an Equal Opportunity Employer and a Voluntary Not-for-Profit Health System

Today's Date: \_\_\_\_\_

**Please Print in Ink**

Which Northwell Health hospital/facility are you interested in volunteering with?

\_\_\_\_\_

I am between the ages of 14 & 17

I am 18 years of age or older

*\*Each Hospital/Facility has their own minimum age requirement*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mid Init: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (Apt#) (City/Town) (State) (Zip)

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**PRINT CLEARLY**

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) (Mobile/Home Phone#)

Do you currently have any friends or relatives employed, volunteering or on the Board of Trustees at any Northwell Health location (formerly known as North Shore LIJ Health System)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

<u>Facility Name</u>	<u>Department</u>	<u>Name</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

I prefer: PATIENT CONTACT \_\_\_\_\_ NON-PATIENT CONTACT \_\_\_\_\_ CLERICAL \_\_\_\_\_ WHERE NEEDED \_\_\_\_\_

I am interested in the following area(s) or program(s): *(Please refer to our Opportunities Sheet)*

**AVAILABILITY:** *(Please be aware that certain Hospitals/Facilities may not offer evening and/or weekend hours)*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
Eves	Eves	Eves	Eves	Eves	Eves	Eves

I am available to start volunteering on \_\_\_\_\_

**Do you already have a definite placement?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please supply the following information:

Supervisor/Sponsor Name: \_\_\_\_\_

Supervisor/Sponsor Title: \_\_\_\_\_

Supervisor/Sponsor Department: \_\_\_\_\_

Supervisor/Sponsor's Phone Number: \_\_\_\_\_

Supervisor/Sponsor's Email Address: \_\_\_\_\_

**Have you previously worked or volunteered at Northwell Health (formerly known as North Shore LIJ)?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please specify below:

(Please Circle) Worked / Volunteered

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Hospital/Facility	Department	Date(s)
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(Please Circle) Worked / Volunteered

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Hospital/Facility	Department	Date(s)
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I am currently: Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_

Employer's Name (if applicable):

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(Name)	(Address)	(Contact #)
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Highest Level of Education (if applicable): HS Grade \_\_\_\_\_ College/Univ. \_\_\_\_ Degree \_\_\_\_\_

School presently attending (if applicable): \_\_\_\_\_

Location: \_\_\_\_\_ Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Foreign Languages spoken if any: \_\_\_\_\_

How did you hear about the Northwell Health Volunteer Program? \_\_\_\_\_

Please provide two (2) references who are **NOT** family members:

Name	Relationship	Phone #

➤ Are you currently on the federal government’s exclusion list for any reason, including having defaulted on a Health Education Assistance Loan (HEAL)?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please provide information:

➤ Are you the subject of a pending action or proceeding involving fraud or abuse in Medicare, Medicaid or other healthcare program?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please provide information:

➤ Have you ever been sanctioned as a result of alleged Medicare or Medicaid fraud or abuse?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please provide information:

**I understand that I will not be paid for my service as a volunteer.**

**I understand that I must complete my full commitment before any information regarding service hours is released.**

**NORTHWELL HEALTH VOLUNTEER APPLICATION SIGNATURE PAGE**

Please read the following statement carefully, and then acknowledge that you have read and agreed to it by providing your signature and/or eSignature at the bottom of the page. Please note that an eSignature is the electronic equivalent of a handwritten signature.

It is Northwell Health’s policy to provide equal opportunity and treat all individuals equally regardless of their age, race, creed/religion, color, national origin, alienage or citizenship status, sexual orientation, military or veteran status, sex/gender, gender identity, gender expression, disability, genetic information or genetic predisposition or carrier status, marital status, partnership status, victim of domestic violence, or other characteristics protected by applicable law.

**Applicant’s Certification**

I certify that all matters contained in this application are true, authorize their investigation, and agree that any misleading or false statements would render this application void and would be sufficient cause for my immediate dismissal. I understand that my volunteer engagement with Northwell Health (“engagement”) is dependent on providing all necessary documentation as required for my position including, but not limited to, the following: verification of education, employment history, professional licenses and certifications, required regulatory checks (including without limitation a check under the Sex Offender Registration Act), satisfactory completion of a medical examination, receipt of satisfactory references and attendance at required orientations and trainings.

I understand that as a condition of my proposed engagement, I may be required to undergo and pass a screening for alcohol and/or drugs. Should the screening reveal the presence of an illegal drug, misuse or abuse of a controlled substance, or use of other substances which may impair my behavior and/or ability to function, I may not be allowed to volunteer with Northwell Health.

I understand and agree that Northwell Health may share Personal Information with other companies acting on the Northwell Health’s behalf to provide employment verification services, may include assessment test providers, if applicable.

Northwell Health may share my Personal Information in connection with the sale or transfer of part or all of the business or, as appropriate, in connection with any legal requirement such as a court order or regulatory obligation. Northwell Health may also share my Personal Information upon request from a law enforcement agency. Northwell Health will not share, trade, rent or sell my Personal Information to other third parties without my consent, unless such possible sharing, trading and selling was disclosed to me when the information was originally collected.

I understand that I have the right to request access to my Personal Information in order to correct, update, modify, or ask for the deletion and blocking of my data. I can do this by contacting Northwell Health through my respective volunteer coordinator. If I request the deletion of my data, I acknowledge that applicable legal obligations may require that Northwell Health maintain such data.

I agree, if accepted, to provide acceptable proof of my age and identity, and to abide by Northwell Health’s policies, procedures and rules.

I understand that my engagement with Northwell Health will be at-will, meaning that I or Northwell Health may terminate the relationship at any time, or for any reason, with or without cause or notice.

By my signature below, I certify under penalty of perjury that all my statements in this completed application are true and complete, that I have read, understood, and agree to this entire application, including the foregoing statement above, and that I was given as much time as I needed to read and complete this application. I understand that any falsification or omission shall be sufficient cause for termination of my volunteer engagement with Northwell Health (which I acknowledge is at-will). My typed name shall have the same force and effect as my written signature.

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Applicant’s Signature Date signed

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Parent/Legal Guardian Signature *(If under 18 Years Old)* Date signed

## VOLUNTEER REFERENCE FORM

*This information will remain confidential.*

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

The above person has applied to become a volunteer in the Summer Program at Cohen Children's Medical Center. Please fill in the information and return to: [CCMCAApplications@northwell.edu](mailto:CCMCAApplications@northwell.edu)

Reference Name \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

SCALE QUESTIONS: Please rate your answers based on the scale below:

<i><b>1. Strongly Agree</b></i>	<i><b>2. Agree</b></i>	<i><b>3. Disagree</b></i>	<i><b>4. Strongly Disagree</b></i>	<i><b>5. Unsure/Don't Know</b></i>
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1) I know the applicant well

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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2) The applicant demonstrates an ability to be adaptable to various circumstances

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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3) The applicant is mature, independent and responsible for their actions

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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4) The applicant demonstrates the ability to complete projects and activities

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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5) The applicant has a positive attitude

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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6) The applicant is able to communicate effectively

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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7) The applicant is respectful to adults and peers

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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8) I believe the applicant will be able to fully commit to the rigors of the CCMC Summer Program

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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Please rate the applicant in the following skills:	Excellence	Good	Fair	Poor	Never Observed
Interpersonal Skills					
Speaking to adults					
Leadership Skills					
Following Directions					
Time Management					

Please list three areas where the student could benefit from additional experience or training:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please provide a written statement with any additional comments on your view of the applicant's eligibility to the Summer Program at CCMC.

Thank you for taking the time to complete this reference form.

## **2019 Summer Volunteer Program at CCMC**

Application Period: February 1<sup>st</sup> - February 28<sup>th</sup>

### **What makes a good volunteer?**

- Students who are mature, responsible, and willing to adhere to health care policies and procedures
- Students who are interested in experiencing what working in a hospital setting would be like
- Students who have a professional and positive attitude, are reliable and have a desire to provide excellent service to others
- Students who are able to independently communicate effectively
- Students who are able to fully commit to the rigors of the summer program without parental involvement or assistance while volunteering

### **What does the Summer Volunteer Program offer?**

- Acceptance to the Summer Volunteer program offers exposure to a premier pediatric medical center
- Opportunity to meet interesting people; get inspired; learn new skills; expand your social network
- Community service hours are accumulated
- Letter of Recommendation and certificates of completion are provided to those who complete the program

### **What is NOT provided?**

- Clinical and/or Shadowing opportunities
- Reimbursement for any costs associated with travel, meals, or anything else.
- Medical or clinical training, course credits, or internships
- Certifications or letters to those who have not completed the program

### **What will my assignment and schedule be?**

- Volunteers will need to commit to at least 4 shifts a week for 8 consecutive weeks
- Final schedules and assignments will be determined when applicant is accepted into the program and has met with the Volunteer Department.

### **What is the Application and On-boarding Process?**

- Please include all of the following items in a single email. Applications sent in piecemeal will not be considered.
  - ✓ Summer Application and Signature Page (CCMC specific)
  - ✓ Essay on why you want to be a summer volunteer at CCMC
  - ✓ Letter of recommendation (this can be sent to us separately from the recommender)
  - ✓ Volunteer Reference Form
- If accepted, the applicant will have to: Attend a 3-hour Orientation Class (with a parent if under 18yo), submit completed medical paperwork to Employee Health Services, supply any additional required paperwork, and meet with Christine Hauff, Manager, Volunteer Services, to finalize assignment/schedule.
- Please submit Complete Application Packet to [CCMCApplications@northwell.edu](mailto:CCMCApplications@northwell.edu)

The subject line should read: SUMMER VOLUNTEER PROGRAM APPLICATION