



BON SECOURS CHARITY HEALTH SYSTEM

A member of the  
Westchester Medical Center Health Network

Dear Prospective Volunteer:

Welcome to Bon Secours Charity Health System, a member of the Westchester Medical Center Health Network and thank you for wanting to join our valuable team of volunteers.

The most important qualification for a volunteer is a desire to serve the hospital, patients and community. A dedicated and responsible approach to serve is more important than prior experience or special skills.

However, becoming a volunteer takes time, approximately two weeks. The following are the procedures necessary in order to join our family of volunteers:

***Please be aware that the hospital has a minimum age of 16 years old and a 6 month commitment per year.***

1. Fill out the application and get **(2) letters of recommendation** from a non-family member.
2. All volunteers are required to obtain proof of **PPD (Tuberculosis Test) which must be in the last three months** from your private physician. The **flu vaccination is mandatory** for all volunteers. Please obtain a copy of any **immunization records** they may have as well as a **copy of your last physical** which should be within a year.
3. Once you have obtained this information, please call the Volunteer Department to schedule an appointment for your interview. The facilities numbers are listed below and bring the necessary paperwork with you then. ***Please do not drop off or mail the documents in!***
4. Our Occupational Health Department will read your PPD results and your immunization records (if you have a record of them). You **must call** the Occupational Health Office after your 1<sup>st</sup> interview at (845) 368-5557, option #1 to get medically cleared. If you are under the age of 18, your parent or guardian must make the call. If you do not have immunization records available, please inform occupational health to make an appointment for a lab test.
5. An orientation session is also required. The Volunteer Manager will discuss this with you during your interview.
6. A person from the Volunteer Department will call you to set up an appointment for a second interview for placement, I.D badge, after you have been medically cleared.

First interview date: \_\_\_\_\_ Signature from Volunteer Office \_\_\_\_\_

If you have any additional questions regarding the process necessary to become a volunteer, please call the facility at which you are interested in volunteering. We are looking forward to having you join us as a valued team member in the Volunteer Department.

**Volunteer Services Contact Information**

**Bon Secours Community Hospital**  
(845) 858-7162

**Good Samaritan Hospital**  
(845) 368-5482

**St. Anthony Community Hospital**  
**Mount Alverno**  
**Schervier Pavilion**  
(845) 987-5050



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I hereby pledge that I will commit to a minimum of 6 months of volunteering required for the Bon Secours Charity Health System.

Dependability in attendance is the basis of effective volunteer work. Please plan your schedule so that there will be no foreseeable conflicts.

Volunteer signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent or guardian of minors under the age of 18

\_\_\_\_\_

Date: \_\_\_\_\_



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Interview Date: \_\_\_\_\_

**VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_  
                    LAST                    FIRST                    email address:

PRESENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Street            City            State            Zip            Phone #

MONTH, DAY & YEAR OF BIRTH: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**VOLUNTEER WORK DESIRED**

Type of volunteer position desired: \_\_\_\_\_

**VOLUNTEER LOCATION DESIRED**

Please check:

Bon Secours Community Hospital \_\_\_\_\_  
Good Samaritan Hospital \_\_\_\_\_  
Warwick Healthcare Campus \_\_\_\_\_

**SPECIAL INTERESTS**

List Hobbies, Activities:  
\_\_\_\_\_

Days Preferred:	Time Preferred:	Morning	Afternoon	Evening
MONDAY	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____
SATURDAY	_____	_____	_____	_____
SUNDAY	_____	_____	_____	_____

**WORK EXPERIENCE**

Name & Address of Employer:

Job Title and Description of Duties:

Name & Address of Employer:

Job Title and Description of Duties:

**VOLUNTEER EXPERIENCE**

Name/Address/Phone Number of Volunteer Organization:

Type of Service:

Dates of Service:

Name of Supervisor:

Reason for Leaving:

Have you ever been convicted of or pleaded guilty to a crime?  Yes  No

(Do not include those convictions which have been expunged or sealed by a court.) If yes, please explain. Convictions are not an absolute bar to volunteering, but will be considered in relation to position sought.

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Have you ever been employed by any of our Charity Health Systems facilities?

Yes  No

**SCHOOL AFFILIATION:**

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**EMERGENCY CONTACT INFORMATION WHILE ON DUTY, CONTACT:**

**NAME:** \_\_\_\_\_  
          **LAST**                          **FIRST**                          **Cell Phone #**

**ADDRESS:** \_\_\_\_\_  
                  **Street**          **City**          **State**          **Zip**          **Phone Number**

**VOLUNTEER PLEDGE:**

I WILL ACCEPT RESPONSIBILITY TO BE PUNCTUAL AND DEPENDABLE. I WILL PERFORM MY ASSIGNMENTS, REFRAIN FROM DOING WHAT I HAVE NOT BEEN TRAINED TO DO, AND ABIDE BY THE HOSPITAL STANDARDS OF CONDUCT, ETHICS AND DRESS CODE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Initials of Sender & Recruiter  
For WCHCC Use Only

## Fair Credit Reporting Act Consumer Disclosure and Authorization

### Facts You Need to Know:

In connection with my application for employment with Westchester County Health Care Corporation the Company may obtain a consumer report on you, as defined in the Federal Fair Credit Reporting Act, 15 U.S.C. 1681 *et seq.*

The Company may not obtain any consumer report on you for employment purposes/medical staff privileges without your written consent. Also, the Company may not obtain medical information about you without your express consent to the release of medical information. Consent to the release of medical information, is *not* covered by the authorization contained in this document.

### State-Specific Information:

- California — If you are a California resident or applying for employment at a location in the State of California, in addition to this disclosure/authorization, please review and complete the "Disclosure and Acknowledgement Concerning Consumer Credit Report Obtained for Employment Purposes Pursuant to California Law."
- Minnesota If you are a Minnesota resident or applying for employment at a location within the State of Minnesota, you have a right to obtain a copy of the consumer report by checking this box.
- Oklahoma — If you are an Oklahoma resident or applying for employment at a location within the State of Oklahoma, you have a right to obtain a copy of the consumer report by checking this box.

### Consent and General Authorization to Obtain Consumer Report

I hereby authorize the Company, now or at any time while I am employed by the Company, to obtain a consumer report on me. This authorization does not authorize the release of medical information.

### Applicant Information: (Please Print)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Other Names Used (i.e. Maiden)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (mm/dd/yy)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

### Address (Last 7 Years Living Residence/ Starting with Current)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
From/To

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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From/To

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Street Address

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City

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State

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Zip

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From/To

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed