

## St. Catherine of Siena Medical Center-Volunteer Services

Dear Applicant:

Thank you for your interest in the St. Catherine of Siena Medical Center Volunteer Program. To expedite the application process, please carefully review the information below. All applicants are required to make a commitment of at least **100 hours of service**. If you are only interested in volunteering during the summer months, please be sure to allow yourself enough time to complete the application process so that you can meet the hour requirement. Ideally summer applicants should begin the process no later than April.

- Complete the application –please provide an email
- Sign the authorization to conduct a background check-social security and birth date are required before a badge is issued.
- If you have had a PPD in the last year please attach documentation of this as this will save you from having two PPD's which is a NYS health requirement (PPD tests for Tuberculosis)
- Teens need to provide documentation of immunization history-NYS requires blood work from Adults for check of Mumps, Measles or Rubella positive titers. You will also be scheduled for a Health Assessment in the hospital.
- Informational/Orientation sessions are conducted once a month and dates and times are listed on our website. Please call if you plan on attending one of these sessions. Bring your completed paperwork to the session. If you have any questions please email me at [heather.reynolds@chsli.org](mailto:heather.reynolds@chsli.org)

### VOLUNTEER DRESS CODE

As a member of the St. Catherine of Siena Volunteer Department you are expected to come to work in clean and neat attire. In order to have a truly professional look and be recognized by our patient's, residents, visitors, and staff all volunteers must dress as described:

- Adults may wear business casual dress with a beige or deep purple top (We are currently working with a uniform company). Low comfortable rubber soled shoes or sneakers-do not wear sandals you will be sent home (this is a safety regulation)
- The volunteer name tag is part of the uniform and must be worn above the waist and visible at all times.
- Avoid wearing large, sharp or long jewelry or strong perfume or cologne.
- Try to bring only what you can carry in your pockets-St. Catherine can't be held liable for lose of personal items. Lockers are available and require a lock.
- Uniform purchases can be made in cash or check-made out to cash

\*\*We are currently working with a uniform company and will provide prices and sizes shortly

We look forward to working with you!  
Heather Reynolds, Director of Volunteer Services

ST. CATHERINE OF SIENA HOSPITAL AND NURSING  
AND REHABILITATION CARE CENTER  
**VOLUNTEER APPLICATION**

**PERSONAL INFORMATION:**

---

Last Name                      First Name                      Middle Initial                      Name to appear on badge

---

Address                      (Apt/lot #)                      (City)                      (Use 9 digit Zip Code)

Phone: \_\_\_\_\_ **E-Mail** \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ (month, day, year)

Are you a year-round resident? \_\_\_\_\_ YES \_\_\_\_\_ NO

If not what months are you available \_\_\_\_\_

**EDUCATION:** Check all that apply: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Post Grad Degree(s)

---

**WORK STATUS:** \_\_\_\_\_ Employed \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed

If employed current place of employment \_\_\_\_\_ phone: \_\_\_\_\_

**SKILLS/WORK EXPERIENCE:** \_\_\_\_\_ Public Speaking \_\_\_\_\_ Fundraising  
\_\_\_\_\_ Accounting \_\_\_\_\_ Leadership \_\_\_\_\_ Computer \_\_\_\_\_ Nursing \_\_\_\_\_ Teaching \_\_\_\_\_

**IN AN EMERGENCY PLEASE NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR PROGRAM?** \_\_\_\_\_ Friend \_\_\_\_\_ Newspaper  
Brochure \_\_\_\_\_ Bulletin Board \_\_\_\_\_ Web Site \_\_\_\_\_ ther (please specify)

**VOLUNTEER AVAILABILITY:** (please indicate the days and times you are available to Volunteer) \_\_\_\_\_

What is appealing to you about volunteering in a healthcare setting? \_\_\_\_\_

**SERVICE AREA OPPORTUNITIES:** (Please check any that would interest you)

\_\_\_\_\_Working with patients/residents \_\_\_\_\_Prefer no patient/resident contact \_\_\_\_\_In the  
Community \_\_\_\_\_Behind the scenes (administrative/clerical) \_\_\_\_\_Reception/Waiting Room  
\_\_\_\_\_Retail \_\_\_\_\_Virtual ( newsletter, brochure, flyers ) \_\_\_\_\_Special Interest \_\_\_\_\_

**Have you ever been convicted of, pled guilty to, or pled no lo contendre to, a felony or a misdemeanor?** NOTE: Conviction of a crime is not necessarily grounds for disqualification. Yes  
\_\_\_\_\_No \_\_\_\_\_Please explain\_\_\_\_\_

**Have you ever worked/volunteered for one of our Catholic Health Service sites?**  
\_\_\_\_\_No \_\_\_\_\_Yes If yes, where and when\_\_\_\_\_

---

**PERSONAL REFERENCES:**

Please list two references. Do not use your personal physician (s) or relatives:

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_Relationship\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_Relationship\_\_\_\_\_

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without Notice regardless of when the false information is discovered.

**As a VOLUNTEER, I.....**

- agree to complete the volunteer orientation and training until I am competent to perform the required duties
- agree to compete an ANNUAL education review and Health/TB screening as well as any additional service-specific training that may be deemed necessary
- agree to comply with all the rules and regulations of St. Catherine of Siena Medical Center and to uphold the bylaws of my Volunteer Organization
- understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines
- agree to call my Volunteer Director as soon as possible when I have scheduling changes
- agree to accept assignment to a new service area if absent for an extended period of time

**CONFIDENTIALITY:** It is the belief of this medical center that all medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore volunteers may look at, use, or disclose patient information ONLY as it relates to performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide ground for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs. I acknowledge and have read the statement above and agree to abide by the expectations of the Hospital, Nursing and Rehabilitation Care Center and Department of Volunteer Services

---

Signature

Date

## FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE AND AUTHORIZATION

### Facts You Need to Know:

In connection with my application for employment with St. Catherine of Siena Medical Center, they may obtain a consumer report on you, as defined in the Federal Fair Credit Reporting Act, 15 U.S.C. 1681 *et seq.* It may be an “investigative consumer report” that includes information as to your character, general reputation, personal characteristics, and mode of living, whichever are applicable. If St. Catherine of Siena Medical Center obtains an investigative consumer report, you have the right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

St. Catherine of Siena Medical Center may not obtain any consumer report on you for employment purposes/medical staff privileges without your written consent. Also, St. Catherine of Siena Medical Center 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 or Investigative Consumer Report Obtained for Employment Purposes Pursuant to California Law.”
- Minnesota – If you are  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 St. Catherine of Siena Medical Center, now or at any time while I am employed by St. Catherine of Siena Medical Center, to obtain a consumer report, or an investigative consumer report, on me. This authorization does not authorize the release of medical information.

**Please list all residences lived at in the past 7 years:**

**Address:**

**Years at address:**

\_\_\_\_\_  
**First Name** (Print)

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

\_\_\_\_\_  
**Last Name** (Print)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
**Middle Name** (Print)

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

\_\_\_\_\_  
City State Zip

**Social Security #:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Other Names Used:**  
Name

**From/To**

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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous states/counties of residence:**

\_\_\_\_\_  
\_\_\_\_\_

*\* This information will be used for purposes of identification only. Federal law prohibits discrimination in employment on the basis of race, color, sex, national origin, religion, age, equal pay or disability. Additionally, New York State law prohibits discrimination in employment on the basis of creed, sexual orientation, military status or marital status.*

**Please sign the form!!**

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

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

\_\_\_\_\_  
Applicant's Name Printed