



**QUEENS HOSPITAL CENTER**  
 New York City Health and Hospitals Corporation  
 Affiliated with Mount Sinai School of Medicine  
 82-68 164 Street, Volunteer Dept. T Building  
 Jamaica, NY 11432  
 (718) 883-2280

**Volunteer Intake Form**

Date \_\_\_\_\_

**Contact Information**

First Name	
Last Name	
Street Address	
City ST ZIP Code	
Daytime Phone	
Cellular Phone	
E-Mail Address	
Date of Birth	
Referred by (Please list the name & department):	

**Availability** (*During which hours are you available for volunteer assignments?*)

- |   |  |
|---|--|
| <input type="checkbox"/> Weekday mornings (9:00 a.m. - 1:00p.m.)    | <input type="checkbox"/> Weekend mornings (9:00 a.m. to 1:00p.m.)    |
| <input type="checkbox"/> Weekday afternoons (1:00 p.m. - 5:00 p.m.) | <input type="checkbox"/> Weekend afternoons (1:00 p.m. to 5:00 p.m.) |
| <input type="checkbox"/> Weekday evenings (5:00 p.m. to 9:00 p.m.)  | <input type="checkbox"/> Weekend evenings (5:00 p.m. to 9:00 p.m.)   |

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Interests** (*Tell us in which areas you are interested in volunteering*)

**Services**

- Adult patient services and relations  
(reading aloud, escorting patients and entertaining)
- Fundraising and Special Events
- Community Relations and Advocacy
- Clerical, computer and phone bank
- Adult Occupational, Physical and Art Therapy
- Child Care  
(tutoring and playing with children and babies)
- Public Health/Patient Education
- Medical interpretation
- Any Services

**Department**

- Cancer Center
- Behavioral Health
- Women's Center
- Diabetes Center
- Pharmacy
- Inpatient
- Pediatrics
- Senior Care Program
- Nursing
- Emergency Management
- Administration
- Any Department

Please list any other interests below



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***Special Skills or Qualifications***

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

***Previous Volunteer Experience***

Summarize your previous volunteer experience.

APPLICATION FOR VOLUNTEER SERVICE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Apt No.: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
City State Zip Code

Employed By: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Referred By: \_\_\_\_\_

In Emergency, Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Education: \_\_\_\_\_  
High School/ College Major/ Degree Year

Training/Skills: \_\_\_\_\_  
Volunteer Experience: \_\_\_\_\_  
Other Work Experience: \_\_\_\_\_  
Interest/ Hobbies: \_\_\_\_\_

Foreign Language: \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Volunteering can require a variety of levels of physically and mentally demanding tasks, some more strenuous than others. Given a preference, what levels of tasks would you feel best match your skills and abilities?

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

Please List two references below:

- 1. \_\_\_\_\_ Address: \_\_\_\_\_
- 2. \_\_\_\_\_ Address: \_\_\_\_\_

Assignment Preferred: \_\_\_\_\_

Days Preferred: \_\_\_\_\_ Hours Preferred: \_\_\_\_\_

It is understood that, if accepted, I will be dependable and faithful in service to this hospital. I fully understand the need for regularity and punctuality in service. I also understand that any training given is solely for volunteer service and does not lead to paid employment.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under age 18)

\_\_\_\_\_  
Date

**CONFIDENTIAL**

**New York City Health and Hospitals Corporation  
APPLICATION FOR VOLUNTEER SERVICES**

**CONVICTION RECORD**

*(Conviction of a violation of law or ordinance is not necessarily a bar to volunteer)*

Were you ever convicted of a violation of any law or ordinance in this state or elsewhere?  
(Convictions for juvenile delinquency, youthful offender or wayward minor need not to be reported. Traffic violations must be included)

**YES**       **NO**

If yes, explain each conviction, setting forth the date, charge, court and action taken:

**CERTIFICATION**

I hereby certify that all the facts set forth above are true, complete and correct to the best of my knowledge and belief. I understand that all information shall be subject to Investigation and that false information will be grounds for termination of Volunteer Services.

Signature of Applicant:	Date:
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This information and document received by the Corporation as part of a background criminal record investigation are strictly confidential and shall not be available for copying or inspection, expressly provided by law.

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION  
TERMS AND CONDITIONS OF APPOINTMENT**

NAME: \_\_\_\_\_

TITLE: VOLUNTEER

APPOINTMENT DATE: \_\_\_\_\_

FACILITY: Queens Hospital Center

I, the above named individual, hereby accept appointment to the above position subject to the following terms and conditions.

1. I understand that my appointment to the above position is subject to my being cleared for employment by the New York City Health and Hospitals Corporation (HHC) which will include a background investigation and a medical assessment which may include screening for the presence of drugs or alcohol. I may also be obligated to take a physical test or other qualifying tests, if required for the position. I shall willingly undergo such examinations
2. I hereby authorize HHC to commence its clearance procedure by making any investigation of my background deemed necessary. I agree to be fingerprinted and to give HHC permission to secure all necessary personal data from sources governmental and private. I further agree to cooperate in all phases of the clearance procedure and to pay any related fees.
3. I have read the questionnaire which I will complete and submit to HHC. I understand that any misrepresentation of material fact on this questionnaire or any other documents submitted in connection with my appointment may result in my dismissal. I hereby declare my intention to answer all questions fully and truthfully.
4. I hereby agree to hold HHC and the City of New York, its agencies, employees, and agents, harmless with respect to any personal claims for damages, expenses, or injuries that may arise should the above-mentioned procedure not be completed satisfactorily and my employment terminated.
5. If my position requires a training program, I must successfully complete that training program. If my position requires a valid license, certification or permit, I must obtain and maintain such credential(s) on my own time.
6. I understand that if I am hired on a provisional basis, I serve at the pleasure of the appointing officer and acquire no tenure or vested rights to a position, subject to applicable review procedures. I understand I may be terminated at any time, with or without cause, or may be separated from service in accordance with applicable Corporate Procedures and Collective Bargaining Agreements pertaining to provisional appointments
7. If I am being appointed from a Corporate eligible list or to a non-competitive title, I understand that my appointment is subject to a probationary period in accordance with the rules and regulations of the Health and Hospitals Corporation.
8. I understand that any claim for veterans' preference credits. Which I may have made in connection with my appointment from a corporate eligible list is conditionally granted subject to verification of my eligibility for veterans preference credits.
9. I understand that failure to fulfill any of the above conditions may result in the revocation of my appointment and my immediate termination.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

*Appointing Officer or Designee*