Thank you for your interest in volunteering at Beth Israel Medical Center. Volunteers play a vital role in the health care team whose mission is to provide the highest quality patient care, with compassion and concern for patient well being.

To begin the application process, please complete the attached application package. It includes:
- Volunteer Application
- Personal Reference Form
- Medical Reference Form (including proof of immunity to measles, German measles [rubella], mumps and chicken pox.)

Applicants under 18 years of age must also provide:
- Valid Working Papers
- Signed Parental Consent Form (which we will provide)

Once you have completed these forms, you can schedule an interview by calling the Volunteer Services Department at the Beth Israel site where you’d like to volunteer. The purpose of the interview is to identify a placement that matches your interests and skills with the needs of the medical center. Our locations and phone numbers appear below. *Note that we cannot guarantee your acceptance until after the interview.*

After you have been accepted, we will schedule you to see our Employee Health Services nurse for a required tuberculosis test and general medical clearance. *(Please note that we cannot accept TB test results from other health care providers -- the test must be done by our Employee Health nurse.)*

We will also give you the Volunteer Orientation and Core Competency manuals and brief, open-book self-tests for each. We ask that you complete these before you begin volunteering.

To answer questions you may have, please see the *Frequently Asked Questions* page. If you don’t find your answers there, please call or send us an e-mail.

We look forward to having you join us as a Beth Israel volunteer!

**Petrie Division**
(In-Patient Hospital)
1st Avenue @ 16th Street
Manhattan

**Phillips Ambulatory Care Center**
(Out-Patient Center)
10 Union Square East
Manhattan

Phone: (212) 420-2733
Fax: (212) 420-4705

For
Pre-med/pre-nursing/pre-physician assistant programs and the Cancer Center, contact Laurie Burns ([LBurns@chpnet.org](mailto:LBurns@chpnet.org)).

For
High school students, pre-physical and occupational therapy students and all other applicants: contact Terry Williams ([TWilliam@chpnet.org](mailto:TWilliam@chpnet.org)).
Frequently Asked Questions

I cannot commit to volunteering for six months as requested. Can I still volunteer?
Shorter time commitments can be arranged for some placements. Please ask your interviewer about such opportunities.

Who should complete my personal reference form?
The reference should be completed by someone who knows you well, but not your close friends or family. Suggested references are paid- or volunteer-work supervisors, teachers/professors, your rabbi/priest/minister or imam or others who know you in a professional capacity.

I want to volunteer at Beth Israel, but I don’t have health insurance or can’t afford to see a doctor who can complete your required medical reference form. What should I do?
You can go to a New York City Department of Health clinic if you don’t have your own doctor.
To find the location nearest your home, please call the city’s non-emergency help line: 311.

Can anyone other than an M.D. complete my medical reference form?
Yes. The form may be completed by an M.D, physician assistant or nurse practitioner. It should not be completed by an R.N. (registered nurse).

I don’t have a vaccination record and I can’t afford to get the required vaccines. Can I still volunteer?
The New York City Department of Health can provide you with the required vaccines at no charge. (A note from your doctor is required for a chicken pox vaccine.) Please call the Immunization Hotline for NYC Department of Health: (212) 676-2273 to find the location of a vaccination clinic.

I recently had a negative PPD test done by my doctor. Do I have to have another test?
Yes. Employee Health must do all PPD tests. We cannot accept tests from any other source -- not even Beth Israel-affiliated doctors.

I have had a positive PPD test for tuberculosis. Do I still need to be tested at Beth Israel?
Maybe. If you can provide us with the date and size of a positive PPD test reaction and a copy of a subsequent chest x-ray report we will waive the PPD test requirement. (Chest x-rays done by mobile van services cannot be accepted.) However, if you do not have this information, we will ask that you repeat the test at our Employee Health Services department.

Do I have to see my doctor before I’m interviewed? What if there isn’t an appropriate volunteer placement for me?
If you would like to wait until after you are accepted to volunteer before you ask your doctor to complete the medical reference form, you may do so.
# Confidential Application for Volunteer Services

Date: __________________________

**Name:** Miss/Ms./Mrs./Mr. ______________________________________________________

**Address:** Street Address: ___________________________________________________________________

**Home Phone:** (____)____________________ **Cell Phone Number:** (____)____________________

**Business Phone:** (____)_____________________ **Fax Number:** (____)______________________

**E-Mail Address:** ________________________________________________________________

If you are under 18, please state your age: ____

**Current Employer:** _______________________________________________________________

**Occupation:** __________________________________________ **Years Employed:** ___________

**High School:** __________________________________________ **Grade Completed:** _______

**College/Business/Trade/Graduate School:** _____________________________________________

**Degree:** _______ **Major** ___________________________ □ Obtained □ In Progress

**Other Employment Experience:** _____________________________________________________

_______________________________________________________________________________

**List Volunteer Experience:** ________________________

_______________________________________________________________________________

**Special Skills** (design, marketing, knitting/crocheting, acting, music, computers, arts & crafts, yoga, etc.):

_______________________________________________________________________________

**Special Interests/Hobbies:** _________________________________________________________

**Type of volunteer assignment preferred:** _____________________________________________

**Location Preferred:**

□ In-Patient Hospital (1st Avenue @ 16th Street, Manhattan)
□ Ambulatory Care Center (Union Square, Manhattan)
□ In-Patient Hospital (3201 Kings Highway, Brooklyn)

**List days and hours available:** ______________________________________________________

**Other than English, list language(s) spoken fluently:** ________________________________

**Have you ever been convicted of a crime?** □ Yes □ No

*continued on next page*
Who referred you to Beth Israel Medical Center? ________________________________

**REFERENCES**

**General Reference:** __________________________________________________________

**General Reference Address:**

<table>
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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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**General Reference Phone:** (___)________________________ Fax: (___)__________________

**Physician:** _________________________________________________________________

**Physician’s Address:**

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<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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**Physician’s Phone:** (___)________________________ Fax: (___)__________________

**Psychiatrist/Therapist (if applicable):** _______________________________________

**Psychiatrist’s/Therapist’s Address:**

<table>
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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
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**Psychiatrist’s/Therapist’s Phone:** (___)________________________ Fax: (___)_____

**SIGNATURE**

I have truthfully completed this application for volunteer service. I will commit to volunteering a minimum of 50 hours during a time frame arranged by my supervisor. (Some programs require different time commitments.) I will provide proof of immunity to measles, mumps, German measles and chicken pox. I agree to abide by the policies and procedures of Beth Israel Medical Center and the Volunteer Services Department.

______________________________  ______________
Signature  Date

**FOR VOLUNTEER SERVICES DEPARTMENT USE ONLY**

**Interviewer:** ________________ Petrie  PACC  KHD

**Social Security Number:** __________________________

**Assignment:** ___________________________  Shift ____________ Petrie  PACC  KHD

**Assignment:** ___________________________  Shift ____________ Petrie  PACC  KHD

**Start Date:** _____________________________

**Interview Notes:** ___________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________