



Dear Senior Volunteer Candidate:

Thank you for considering Mercy Medical Center for your volunteer experience. I have enclosed an application packet for you to complete before you start volunteering. Each area will be explained in this letter. We require 4 hours a week.

The State of New York requires the following of all personnel working in the hospital:

1. **Physical Examination:** A recent physical examination is required. If you have had an exam in the past year, just have your physician complete the reverse side of the form.
2. **PPD Tests:** Two PPD tests are required before starting. This can be done free of charge at the Volunteer Office. Call my office at 705-1391 and make an appointment.
3. **Immunization Needed:**
 - A) **Those born after 1957** will need 2 injections of measles, mumps, rubella and a proof of varicella (chicken pox). Please duplicate your immunization card.
 - B) **For those born before 1957**, Mercy Medical Center will do a free blood titer to test for measles, mumps, rubella, varicella and Hepatitis B. **You will be notified if you are not immune to any of these and Mercy Medical Center will provide this vaccination.**
 - C) Hepatitis B immunization is recommended for those volunteers working with patients and will be administered free. **Those who choose not to have this must sign a written declination.**
4. Two reference letters.
5. **Uniform Costs \$18.00:** When you're ready to start, pay the Volunteer Office where you will pick up the uniform.
6. **ID Badges:** There is a \$10 charge for your ID Badge, which will be refunded after you render 50 hours of volunteer service. The hours for badges are Monday, Wednesday, Thursday 10:00am-2:30PM and Tuesday and Friday 1:00-2:30pm. (You MUST make an appointment through the volunteer office.)
7. **Attend the Orientation:** Bring all papers to the orientation, **do not mail in. Bring a pen with you. You must park in lot number 8, the code for the gate is 1030#. If you park in any other lot you will have to pay a \$4.00 parking fee.**

Marks Lecture Hall- come in main entrance of hospital. Take the elevator to the basement, make a right when getting off the elevator, walk a few steps and make another right, Mark's Lecture Hall will be right in front of you.

Any question's, please call 516-705-1391. Hope to see you soon.

Sincerely yours,

Kathleen Fee
Director, Volunteer Services

KF-2007

REQUIRED	DATE COMPLETED	INITIALED
P.E.		
PPD		
IMM		
ORIENTATION		
I.D.		
UNIFORM		

VOLUNTEER APPLICATION

Date of Application: _____ Starting Date: _____

_____ Date of Birth _____ Social Security Number _____

_____ Print Name Last First M.I. _____

_____ Number & Street Apt.# City State Zip Code _____

_____ Home Telephone Number _____ Business Telephone Number _____

Referred By: Advertisement () Friend () Other ()

EMPLOYMENT HISTORY

FROM	DATES TO	COMPANY & ADDRESS	LIST RESPONSIBILITIES & DUTIES

EDUCATION

	NAME	ADDRESS	FROM	TO	AREA OF STUDY
HIGH SCHOOL					
NURSING					
COLLEGE					
GRADUATE					

LICENSE

PERMIT NUMBER

EXPIRATION DATE

SPECIAL SKILLS – Hobbies, Recreational Activities

DESCRIBE _____

VOLUNTEER AREAS OF INTEREST

List _____

History of any Criminal Offense **YES** _____ **NO** _____

If yes, please explain _____

Four (4) hours per week is required of senior volunteers, please indicate your days/hours of availability.

In case of emergency notify: _____

Telephone No. _____

Relationship _____

Doctor's Name _____

Address _____ **Telephone #** _____

REFERENCES

Name	Address	Years Known	Relationship
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1. _____

2. _____

Applicant's Signature _____

Date _____

Dear Doctor:

_____ has applied to Mercy Medical Center for volunteer service that does not require professional training.

The New York State Department of Health regulations, Section 405.3, requires hospitals “to ensure that all volunteers whose assignments might affect patient health have an initial health assessment that includes immunization against rubella, measles, mumps, varicella (or such screening, if appropriate) two PPD skin tests, a follow-up PPD skin test every year, and an annual health assessment. The Medical Center need not provide these services, but must show that volunteers have received them.”

Please complete the attached form indicating that the applicant is cleared for service as a volunteer. PPD tests will be administered by Mercy Medical Center’s Volunteer Office.

Please return the form to the Volunteer Office in the enclosed self-addressed envelope or give it to the applicant for forwarding.

Very truly yours,

Kathleen Fee
Director, Volunteer Services

MERCY MEDICAL CENTER

VOLUNTEER PRE-PLACEMENT PHYSICAL

PLEASE PRINT

Name:	_____	Date:	_____
Dept /Position:	_____	Date of Birth:	_____
Home Phone:	_____	Social Security #:	_____
Address:	_____	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
	_____	Emergency Contact:	_____
City, State, Zip Code:	_____	Contact's Telephone:	_____
	_____	Volunteer Area:	_____

Medical History

PLEASE COMPLETE THE FOLLOWING

Medical / Surgical History:

Current Medications include over the counter medications and herbal supplements:

Allergies (Drug, Food, Environmental, Seasonal, Latex):

Have you ever had a positive/reactive PPD (TB) skin test? Yes No

This evaluation is for the purpose of determining my physical ability to perform my duties as a volunteer and is not considered a substitute for my total medical care by my private physician. I have read the above and declare that I have had no injury, illness or ailment other than specifically noted. I attest to the fact that I am free from a health impairment which is a potential risk to the patient or which might interfere with the performance of my duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances, which may alter my behavior (N.Y.S. Code 405.3 – b10).

Signature of Volunteer _____

Date _____

To be completed by Healthcare Provider:

The above named individual would like to volunteer services not requiring medical training. N.Y.S. Department of Health Code, section 405.3, requires the following tests to be completed before the individual starts volunteering. An accurate and honest evaluation of your patient's medical status is most important. Please complete all sections. This evaluation will become part of their confidential file. If you have any questions, please feel free to contact the volunteer office at 516 705-1391. Thank you.

A physical examination was performed on _____ and there is no evidence of communicable disease or any disability that would interfere with his/her anticipated responsibilities as a volunteer.

- At this time my patient **has no** restrictions to perform volunteer service.
- At this time my patient **has** restrictions to perform volunteer service.

State Restriction: _____

Contraindications to receiving PPD, MMR, Hepatitis B

Date

Examiner's Signature

Office Address

Office Phone Number

Name _____

Immunization History: REQUIRED All volunteers can get titers done free of charge by Employee Health Service

Rubella:

Vaccination: _____

Or

Titer Result: _____

Rubeola:

Exempt (Born before 1957)

Vaccination #1: _____

Vaccination #2: _____

Varicella:

History of disease

Or

Titer Result: _____

Mumps:

Vaccination: _____

Or

Titer Result: _____

Titer Result: _____

Mantoux PPD Test Record:

History of positive PPD: Y N Unsure If Yes or Unsure, TB Symptoms Sheet provided: Y N

If yes, chest X-Ray : Provided Past Report Ordered

1 PPD 5 TU 0.1 cc ID _____ LFA/RFA/LUE/RUE
Manufacturer Lot # Exp Date

Administered By: _____ Date: _____

Date Evaluated: _____ Result: _____ mm induration Follow up needed: Signature: _____

2. PPD 5 TU 0.1 cc ID _____ LFA/RFA/LUE/RUE
Manufacturer Lot # Exp Date

Administered By: _____ Date: _____

Date Evaluated: _____ Result: _____ mm induration Follow up needed: Signature: _____

Chest X-Ray (if new positive): Date Ordered: _____ **TB Symptom Sheet** _____

Comments:

Intake Healthcare Provider: _____ **Date:** _____

Final Chart Review:

Authorized Signature

Title

Date

New Volunteer Orientation Schedule for 2008

Month	Day/Date	Time	Place
January	Monday 21st	10:00am-3:00pm	Marks Lecture Hall
February	Tuesday 19th	9:00am-2:00pm	Marks Lecture Hall
March	Monday 10th	3:00pm-8:00pm	Mercy League Lounge
April	Friday 25th	10:00am-3:00pm	Marks Lecture Hall
May	Sunday 18th	8:00am-1:00pm	Marks Lecture Hall
June	Tuesday 10th	3:00pm-8:00pm	Marks Lecture Hall
July	Tuesday 15th	10:30am-3:30pm	Marks Lecture Hall
August	No Orientation	No Orientation	No Orientation
September	No Orientation	No Orientation	No Orientation
October	Monday 13th	11:00am-4:00pm	Mercy League Lounge
November	Tuesday 11th	9:30am-2:30pm	Marks Lecture Hall
December	No Orientation	No Orientation	No Orientation