



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Welcome New Volunteer/Intern/Companion:

We are pleased to acknowledge your prospective volunteer/intern/companion services with the NYS Veterans Home at Montrose and look forward to working with you. We hope you will find your new venture rewarding and enjoyable.

In the hopes of making your initial processing with us easier, enclosed you will find all the forms and materials we will be reviewing with you. Please take some time to read this material. You should fill out as much of it as you can before your processing date. However, if you are uncertain about an item, leave it blank. We will assist you with each and every one of these forms during processing.

You will be scheduled for processing once we receive back your completed pre-clearance application. You will report to the Human Resources Department at 2090 Albany Post Road, Montrose, NY 10548 on the agreed date and time. Please do not be late! You must bring your driver's license or another form of photo ID and social security card with you. Other forms of acceptable ID include: passport, birth certificate, INS Green Card, etc. If you have any questions regarding these items, please call the Personnel Office at (914)788-6059.

Once the necessary paperwork is reviewed at the time of processing, you will be directed to our Clinic for a physical review. If you have had previous pre-clearance testing including vaccines, PPD (tuberculin) testing, chest x-ray, etc. and can provide documentation, please bring them with you on the day of processing. Pre-clearance testing and immunizations include PPD (tuberculin) testing and/or pulmonary assessment and tests for immunity to rubella, measles, influenza, pneumococcal disease and tetanus (within 10 years), as well as documentation of Hepatitis B vaccination. Please be advised that you may be directed to an off-site location in order to have blood work testing completed. This, of course, will be at no cost to you. If you have questions regarding your physical, please contact the Employee Health Clinic at (914)788-6843.

Final approval of your volunteer/intern/companion services will be based upon a successful completion of your medical and processing review.

Sincerely,

Director of Human Resources

1. Have you ever volunteered in a hospital before? If so where and in what capacity?____

2. What type of volunteer work are you interested in? _____

3. What skills or special talents would you like to share in volunteering? _____

4. How did you find out about our Volunteer Program? _____

5. Why do you want to volunteer? _____

6. I hereby affirm that this application contains no willful misrepresentations of falsification and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation, falsification, my application will be disapproved and my appointment may be rescinded. I am also aware that a false statement is punishable under law by fine or imprisonment or both.

Applicants Signature

Date

If you require reasonable accommodation (pursuant to the Americans with Disabilities Act and all pertinent federal status and laws) at the time of interview, please contact our Human Resources Department at (914)788-6102.

EMERGENCY CONTACT INFORMATION

Please Print

Volunteer Name: _____
Address: _____ _____
Birth Date: _____
Social Security Number (last 4 digits): _____
Home Telephone Number: _____
Cell Phone Number: _____

In case of Emergency, Notify:

Confidential Data – To be Used in Case of Emergency
ONLY

Name: _____
Address: _____ _____
Telephone Numbers:
Home: _____
Work: _____
Cell: _____
Relationship: _____ (Spouse, parent, ect)

DATE OF CHANGE: _____

**NEW YORK STATE VETERANS HOME
RELATIVES DISCLAIMER FORM**

All applicants for Volunteer/Intern/Companion positions at the New York State Veterans Home are required to identify any relatives employed at the Veterans Home or any relatives who are residents of the Veterans Home. If no such relationship exists, all applicants are required to sign the disclaimer below indicating that they have no relative working or residing at the Veterans Home.

Neither employment of nor residency of a relative at the Veterans Home is an automatic bar to placement. This facility is simply concerned not to make a placement in a situation where a conflict of interest may exist or an accusation of favoritism or nepotism can be made.

“I know of no relative in the employment of or residing at the New York State Veterans Home at Montrose other than as indicated below. I fully understand that this statement is part of my application and a false statement will be cause for dismissal.”

“Relative” means your spouse, parent, sibling, child, uncle, aunt, cousin, nephew, niece, mother or father-in-law, sister or brother-in-law, daughter or son-in-law or those for whom you or your spouse are legally responsible.

RELATIVES:

- None
- Yes* If yes, provide names, relationship, employed or Resident, Department and location (if appropriate)

<u>Name</u>	<u>Relationship</u>	<u>Employed/Resident</u>	<u>Depart/Location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Name: _____

Signature: _____ **Date:** _____

NOTE TO DEPARTMENT HEAD: *If prospective Volunteer/Intern/Companion has indicated “yes” above, please discuss with Human Resources Director and/or Administrator prior to making an offer of placement.*



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I, _____, hereby give

(parent/legal guardian)

(child)

permission to volunteer at the New York State Veterans Home at Montrose, New York. I understand that my child's primary roll as a volunteer will be to serve as a friendly visitor and helper to the residents.

(signed) _____

(address): _____

(phone): _____

(emergency phone): _____

(date): _____