



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

Welcome New Volunteer/Intern/Companion:

We are pleased to acknowledge your prospective volunteer/intern/companion services with the NYS Veterans Homes 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 submitting the application. 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 onboarding once we receive back your completed application. You will be notified by the facility that you are applying to volunteer at, of the appropriate next steps and onboarding date, time and location. **Please remember to 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.**

Once the necessary paperwork is reviewed at the time of processing, potential next steps include undergoing a physical review. If you have had previous pre-onboarding 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.

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

Sincerely,

Facility Staff



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If you're applying for a volunteer position, please proceed with questions #1 - 5. If not please, proceed to #6.

1. Have you ever volunteered in a healthcare facility 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



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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 notify the facility at the time you submit your application.



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New York State Veterans Homes 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. The facilities simply want to help ensure that any potential for conflicts of interest, favoritism or nepotism are avoided.

“I know of no relative in the employment of or residing at the NYS Veterans Home for which I wish to volunteer, intern or serve as a companion, 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 the names, relationship, employed or resident, Department and location

Name	Relationship	Employed/Resident	Department/Location
1.			
2.			
3.			

Your Printed Name: _____

Signature: _____ **Date:** _____



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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: _____



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I, _____, hereby give permission for
(parent/legal guardian)

_____ to volunteer at the
(child)

New York State Veterans Home at (check one)

- Batavia, 220 Richmond Avenue Batavia, NY 14020
- Montrose, 2090 Albany Post Road Montrose, NY 10548
- Oxford, 4207 State Hwy 220 Oxford, NY 13830
- St Albans, 17850 Linden Blvd. Jamaica, NY 11434

I understand that my child's primary roll as a volunteer will be to serve as a friendly visitor and helper to our residents.

Signature: _____ Date: _____

Address: _____

Phone: _____

Emergency Phone: _____