



Dear Student,

Thank you for your interest in Sinai Hospital's Student Summer Volunteer Program! As a healthcare family dedicated to our community, we are excited to help facilitate your hands-on learning experience.

In 2012, Sinai Hospital's Student Summer Volunteer Program will run from June 25 to August 17, and students will be asked to complete 100 hours of service during that time. **The deadline for applications is April 30.** Applicants will be called for their interviews in May, and certificates of program completion will be mailed out in September. *Please note that students must be at least 15 years of age by June 25, 2012 and have completed the 9th grade to be eligible to participate.* Late and/or incomplete applications can not be taken into consideration.

Enclosed you will find an application that includes an Information Sheet, Student Application Addendum, two Reference Check forms, a Health Screening form, and a Standards and Expectations Agreement. All of the forms must be completed and returned to Volunteer Services at Sinai Hospital for applicants to be considered for placement. With your application forms, please submit a 250 word essay detailing why you are interested in volunteering at Sinai Hospital, your goals for the experience, and what skills you have to offer the patients and employees at Sinai Hospital.

Notification of acceptance, waitlist, or decline will be mailed to all applicants by June 15. Thank you again for thinking of Sinai Hospital, and good luck!

Sincerely,
Beth Markowitz, MA
Volunteer Manager

Enclosures



Sinai Hospital
Volunteer Services
Application Packet
Information Sheet

Please print all information clearly

Name _____ Date of Application _____
 Address _____ Primary Phone # _____
 _____ Secondary Phone # _____
 _____ Email address _____
 Date of Birth _____ Social Security # _____

Required

Primary Emergency Contact Name _____ Relationship _____ Phone # _____	Secondary Emergency Contact Name _____ Relationship _____ Phone # _____
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Are you currently a student? Yes/No

If you are a student, are you applying for a position that will count towards any type of service hours or official internship program? Yes/No

Are you currently employed by LifeBridge Health? Yes/No

How did you hear about our program? If you were referred, who referred you? _____

What are your areas of interest? (Check all that apply)

<input type="checkbox"/> Patient Visits/Delivering Flowers	<input type="checkbox"/> Clerical or Reception Desks
<input type="checkbox"/> Gift Shop or Gift Cart	<input type="checkbox"/> Special Projects and Mailings
<input type="checkbox"/> Other: _____	

What days and hours are you interested in volunteering?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Signature: _____ Date: _____

Have you ever been convicted of a crime? Yes/No
 If yes, please explain when, where and disposition of case:

Sinai Hospital
Volunteer Services
Student Application Addendum

Name _____ Age _____ School _____

Education level (please circle highest level completed)

9th grade 10th grade 11th grade 12th grade Some college Bachelor's Degree

Advisor/Contact _____ Advisor's phone number _____

Is this a formal internship program? Yes/No

Will you be receiving credit for this experience? Yes/No

What documentation does your school require?

What service learning projects will you be completing (i.e. term papers, journal, etc....)

How many hours a week does your program require? _____

Why are you interested in volunteering at Sinai Hospital? _____

To be completed by parent or legal guardian

I authorize Sinai Hospital to give medical treatment to (please print name _____) in the event of an emergency. I also consent for my child's participation in the Student Volunteer Program.

Signature of parent or guardian: _____ Date: _____

To be completed by applicant

I agree that the above information is correct as of the date it has been filed. I also agree to the rules and regulations of the Volunteer Department. I understand that my relationship with the Volunteer Department may be terminated if any of the information I have provided above is found to be false, if I violate the standards and expectations of the hospital and/or if I fail to meet my school/program obligations.

Signature of applicant: _____ Date: _____



Please give this form to a personal or business reference. Once the form is completed and signed, please send it to Volunteer Services.

_____ has applied to be a volunteer at Sinai Hospital of Baltimore. Your name was provided as a personal/business reference. We would appreciate your taking a few minutes to answer the below questions about this individual. Any information you give us will be kept private. I have enclosed a return envelope for your convenience. You may also fax this form to the Volunteer Office at Sinai Hospital at 410-601-2180. Thank you in advance for your cooperation.

Length of time you have known this individual _____

How do you know this individual?

___ personal friend ___ co-worker ___ previous volunteer placement ___ other: _____

Do you feel this individual would be an appropriate volunteer in an acute care hospital?

___ yes ___ no

Do you feel this individual has good customer service skills?

___ yes ___ no

Do you feel this individual is trustworthy and reliable?

___ yes ___ no

Comments: _____

Your name (please print) _____ Title _____

Signature _____ Date _____

Phone _____

I hereby authorize the above individual to provide information to Sinai Hospital of Baltimore Volunteer Department.

Applicant name _____

Applicant signature _____ Date _____



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Signature _____ Date _____

Phone _____

I hereby authorize the above individual to provide information to Sinai Hospital of Baltimore Volunteer Department.

Applicant name _____

Applicant signature _____ Date _____

Student Volunteer Standards and Expectations Agreement

By signing this form, I _____ agree to adhere to the following requirements of the Sinai Hospital Summer Volunteer Program:

- Complete 100 hours of service during the program period
- Report to the Hospital at least three days a week, for four hours
- No use of profanity on hospital grounds
- Be quiet and respectful of Hospital staff, patients and adult volunteers
- Refrain from using all electronic devices and switch them to silent or vibrate at the Hospital
- Follow the volunteer dress code while at the hospital, detailed below:

Volunteer Dress Code:

- Wear khaki or black pants - no denim, shorts, or skirts above the knee
- Wear assigned polo shirt (volunteer or school uniform)
- No opened toed shoes in clinical areas
- No exposed tattoos
- No large dangling earrings
- Minimal jewelry and makeup
- No facial piercing

Excessive call outs, tardiness, inappropriate dress or behavior or other violations of the standards and expectations of the program will be grounds for termination from the summer program. Termination may affect a volunteer's ability to return to the Sinai Hospital Volunteer Program in the future.

Volunteer Signature

Date

Parent/Guardian Signature (under 18)

Date

Volunteer Office Signature

Date

Application Checklist

(For your use)

1 Information Sheet

2 Student Application Addendum

3 Two Reference Check Forms

4 Health Screening Form

5 Essay

6 Standards and Expectations Agreement