



# PECONIC BAY MEDICAL CENTER

Affiliated with Stony Brook University Hospital and Stony Brook University School of Medicine

Volunteer Services Department, 1300 Roanoke Avenue, Riverhead, N.Y. 11901

## VOLUNTEER APPLICATION

Office of Volunteer Services 631- 548-6021

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town State Zip

Home Telephone: \_\_\_\_\_

(Post Office Box Address)

Cell Phone: \_\_\_\_\_

EMAIL address: \_\_\_\_\_

Previous Experience:

	Name of Organization:	Type of activity & hours:	Contact Person/Phone:
As a Volunteer			
Paid Employment			
Other			

Special training, skills, interests: \_\_\_\_\_

Check when you are available to be assigned:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 am-Noon							
Noon-4 pm							
4-8 pm							

*Other hours are available as needed to be discussed in interview.*

Are you "Retired", if so from where: \_\_\_\_\_

Please check those items in which you are interested or may have a talent:

- Phones, filing, typing, computers     Book Cart     Gift Shop     Helping Hands     Fund Raising Projects   
 Reading to Patients     Front Desk     Transporting Patients     Mail     Nursing Home   
 Admitting     Pastoral Care Visitation     Eucharistic Ministry     Patient Advocate Liaison in ER

Other: \_\_\_\_\_

**Continued on other side** →

**For Pastoral Care Volunteers / Eucharistic Ministers only:**

Religious  
Affiliation: \_\_\_\_\_

Name/Address of  
recommending Clergy \_\_\_\_\_  
\_\_\_\_\_

Phone number of Clergy: \_\_\_\_\_

It is required that all Pastoral Care and Eucharistic Ministers be certified by a church/synagogue/mosque or clergyperson. I do hereby give permission for the *Director of Volunteer Services* to contact the person(s) listed above to gain such a recommendation.

Yes       No

I certify that the information given above is true and accurate to the best of my ability. I understand I am making a firm commitment of time and service to Peconic Bay Medical Center. I will abide by all the rules and regulations that govern my assignment (particularly those set out in the *Volunteer Manual*), including **absolute patient confidentiality at all times**. I understand acceptance of my application is subject to passing a physical examination and a background check.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Notes: