



## DEPARTMENT OF VOLUNTEER SERVICES

100 Patriots Rd, Stony Brook, NY 11790-3300

(631) 444-8590

Fax (631) 632-2481

[Susan.Helmus@StonyBrook.edu](mailto:Susan.Helmus@StonyBrook.edu)

[www.listateveteranshome.org/volunteers.html](http://www.listateveteranshome.org/volunteers.html)

Dear Prospective Volunteer:

Thank you for your interest in volunteering at the Long Island State Veterans Home.

### **To Get Started:**

**Fill out and the Volunteer Application (page 1 & 2)** then mail it in to the Veterans Home. Once we receive the completed application we will invite you to our next Volunteer Orientation. We hold orientation and trainings every 6 weeks, alternating between days and evenings. There is a lot of interest in volunteering at the Home and space is limited, you will need to RSVP in order to attend.

### **Besides the Application This Packet Also Includes:**

- Photo Release Form
- Confidential Information Form
- Health Questionnaire
- Medical Reference, including recent PPD [PPD has to be within three months of the orientation you attend]. *This form needs to be completed and signed by your physician.*

*These will need to be submitted before you can start volunteering.*

### **Regarding the Medical Information:**

State law requires all volunteers to show proof of a recent PPD (Tuberculosis test), no more than 3 months old. As a courtesy, we offer the PPD test to you free of charge at the Veterans Home, however hours may be limited. Your doctor will still need to fill out the first 2 questions on the Medical Reference and sign the form. We protect your confidentiality with all this information. **Stony Brook University Students** can submit a current school physical instead of the Medical Reference, but will still need an up to date PPD.

**To schedule an appointment for the TB test, call the nurse, John Vaughan, at 444-8526.** *Keep in mind when making your appointment; you then need to come back two days later to have the test read.*

### **Benefits of Volunteering:**

Learn new skills, learn about what makes a quality nursing home and how it runs, meet interesting people, feel good about helping others, give back to our Nation's heroes, get experience for your future.

### **Benefits We Offer You:**

Volunteer support groups, educational workshops, volunteer meal program, holiday and recognition luncheons, quarterly newsletter, reference letters, annual flu shot (optional), training and support.

We look forward to hearing from you and being able to welcome you to our volunteer family. Please contact me with any questions 631-444-8590 or [Susan.Helmus@StonyBrook.edu](mailto:Susan.Helmus@StonyBrook.edu) .

Best wishes,

*Susan K. Helmus*

Susan K. Helmus, MA

Director of Volunteer Services

# Ten Tips for Wise Volunteering

From Independent Sector: Nonprofit Information Center ("Give Five" brochure)

## 1. Research the causes or issues important to you.

Look for a group which deals with issues you feel strongly about.

## 2. Consider the skills you have to offer.

If you enjoy outdoor work, have a knack for teaching, or just enjoy interacting with people, or maybe your passion is helping animals, you may want to look for volunteer work which would incorporate these aspects of your personality.

## 3. Consider volunteering as a family.

Think about looking for a volunteer opportunity which would be suitable for parents and children to do together, or for husband and wife to take on as a team. When a family volunteers to work together for a nonprofit organization, the experience can bring them closer together, teach children the value of giving their time and effort, introduce everyone in the family to skills and experiences never before encountered, and give the entire family a shared experience as a wonderful family memory.

## 4. Would you like to learn something new?

Perhaps you would like to move into areas which will provide you with novelty or change. Then seek a volunteer opportunity involving training in an unfamiliar skill or setting. Many nonprofits seek out people who are willing to learn, especially if the needs they serve are specialized or unique. Realize beforehand, however, that such work might require much more of an effort or a time commitment for training before the actual volunteer assignment begins. Make sure you are willing to commit to the necessary responsibilities.

## 5. Don't over-commit your schedule.

Make sure the volunteer hours you want to give fit into your hectic life, so that you don't frustrate your family, exhaust yourself, shortchange the organization you're trying to help or neglect your day job. It is always better to start out slowly than to commit yourself to a schedule you can't or don't want to fulfill.

## 6. Nonprofits may have questions too.

While most nonprofits are eager to find volunteer help, they have to be careful when accepting the services you offer. If you contact an organization with an offer to donate your time, you may be asked to come in for an interview, fill out a volunteer application, describe your qualifications and your background, just as you would at an interview for a paying job. It is in the organization's interest to make certain you have the skills they need, that you are truly committed to doing the work, and that your interests match those of the nonprofit. Furthermore, in volunteer work involving children or other at-risk populations, there are legal ramifications for the organization to consider in protecting their clients.

*Continued.....*



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**Volunteer Application (18 years and over)**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_  
(Last First Middle Initial)

Address \_\_\_\_\_  
Street Address City State Zip

Phone Number \_\_\_\_\_ e-mail Address \_\_\_\_\_

<i>For SUNY SB Students: Local/Campus Address and Phone</i> School Year _____ Address _____ Phone _____
--

Present Occupation \_\_\_\_\_ Length of Time: \_\_\_\_\_

Current Employer (or College) \_\_\_\_\_ Phone \_\_\_\_\_

Can you be called at work? \_\_\_\_\_ Regular Work Schedule \_\_\_\_\_

Education (highest grade completed and school attended): \_\_\_\_\_

Previous Volunteer Experience (including dates, location and duties): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a set area that you are interested in volunteering in?  
 Yes (please specify) \_\_\_\_\_  No, I'd like to explore the options

Community Organizations to which you belong: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any limitations that might affect your volunteering? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

*In Case of Emergency Contact:*

Name	Phone	Relationship
PHYSICIAN'S NAME _____		
Address _____	Phone _____	

Have you ever been arrested for anything? Please circle: YES NO If yes, please explain:

\_\_\_\_\_

List the names of employees or volunteers at the Long Island State Veterans Home or University Hospital whom you know:

Name	Department/ facility	Relationship

**REFERENCES: Please Provide Two References Who We May Contact (Not family members):**

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

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known him/her?: \_\_\_\_\_

Street/ City Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known him/her?: \_\_\_\_\_

Street/ City Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**DAYS AND TIMES YOU MAY BE AVAILABLE TO VOLUNTEER**

Monday	Thursday	Sunday
Tuesday	Friday	Number of hours you are interested in volunteering each week _____
Wednesday	Saturday	

The information I provided on this application is accurate and complete to the best of my knowledge. By submitting an application, I understand that I am not obligated to volunteer at the Long Island State Veterans Home, nor is the Long Island State Veterans Home obligated to accept me as a volunteer. I understand I will need an interview and medical clearance before I can be considered for acceptance as a volunteer.

I understand that in the performance of my duties as a volunteer at the Long Island State Veterans Home, I may be required to have access to personal health information of the residents. Or I may be involved in the processing or inputting of resident care data. I understand that I am obliged to maintain the confidentiality of this information at all times, both at work and off duty. I agree that I will not share this information with anyone, including other volunteers and staff, unless required as a part of my volunteer duties. I understand that a violation of this confidentiality may result in disciplinary action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## **Confidential Information**

Dear Volunteer Applicant:

Your privacy is important to us. Under no circumstances will the Long Island State Veterans Home share your contact information with any other organization. All medical information obtained from you will be kept locked in confidential files in our Medical offices (not with your volunteer file).

As you notice on this form, we do ask for your Social Security number and date of birth. This is needed to issue you an official Long Island State Veterans Home/Stony Brook University, Volunteer ID Badge. We realize in this day and age people are reluctant to constantly share their SS# and we understand that. In an effort to protect your privacy while meeting our administrative needs, we have removed the Social Security number from the Volunteer Application. We are asking you to fill it out on this separate sheet of paper. This way the number will not be kept in your volunteer file. Instead it will be shredded once we have issued you your official ID badge. The number will not be used as a volunteer ID number and it is not used in the volunteer data system.

We hope this system addresses everyone's concerns regarding their privacy and safety.

Volunteer's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**This page will be treated as confidential information and will be properly disposed of (shredded) and not maintained with your volunteer file.**

# Ten Tips for Wise Volunteering (Continued)

From Independent Sector: Nonprofit Information Center ("Give Five" brochure)

## 7. I never thought of that!

Many community groups which are looking for volunteers may not have occurred to you. Most of us know that hospitals, libraries, and churches use volunteers for a great deal of their work, but here are some volunteer opportunities which may not have crossed your mind:

- Day care centers
- Neighborhood Watch
- Public schools and colleges
- Halfway houses
- Community theatres
- Drug rehabilitation centers
- Fraternal organizations, such as the Elks, Moose, Knights of Columbus, or Rotary Clubs
- Retirement centers and homes for the elderly
- Meals on Wheels
- Church or community- sponsored soup kitchens or food pantries
- Museums, art galleries and monuments
- Community choirs, bands and orchestras
- Prisons
- Neighborhood parks
- Youth organizations, sports teams and after school programs
- Shelters for battered women and children
- Historical restorations, battlefields and national parks
- Skilled nursing care facilities

## 8. Give voice to your heart through your giving and volunteering

Bring your heart and your sense of humor to your volunteer service, along with the enthusiastic spirit which is, in itself a priceless gift. What you'll get back will be immeasurable!

## 9. Virtual Volunteering?

If you have computer access & the necessary skills, some organizations now offer the opportunity to do volunteer work over the computer. This sort of volunteering might be well-suited to you if you have limited time, no transportation, or a physical disability which precludes you from getting about freely. Virtual volunteering can also be a way for you to give time if you simply enjoy computers and want to employ your computer skills in your volunteer work.

## 10. Be a year-round volunteer!

We all tend to think more of those in need during the holidays; but volunteering is welcome and necessary all year. The need for compassion doesn't stop with the New Year, and warm spring weather doesn't fill empty stomachs or decrease the litter in the public parks. We all need to be aware that making our communities, our nation and our world better is a 365-day-a-year responsibility – and there is always something we could be doing to help!

### To search for volunteer opportunities:

[volunteermatch.org](http://volunteermatch.org)

[1-800volunteer.org](http://1-800volunteer.org)

[Idealist.org](http://Idealist.org)

**VOLUNTEER HEALTH QUESTIONNAIRE**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ *New Volunteer*

***Volunteer: fill out this form yourself and send it in to Volunteer Services.***

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Last First Middle Initial)

Address \_\_\_\_\_  
Street Address City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

In Case Of Emergency, contact:

\_\_\_\_\_  
Name Phone Relationship

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL HISTORY**

Do you smoke? \_\_\_\_\_ How Much? \_\_\_\_\_ For How Long? \_\_\_\_\_

Do you drink? \_\_\_\_\_ How Much? \_\_\_\_\_

**HAVE YOU EVER BEEN TREATED FOR ANY OF THESE DISEASES? PLEASE CHECK:**

- |  |                         |               |
|--|-------------------------|---------------|
| High Blood Pressure                          | Heart Problems          | Hepatitis     |
| Tuberculosis                                 | Pneumonia               | Skin Diseases |
| Thyroid Disease                              | Anemia                  | Diabetes      |
| Neurological Problems                        | Seizure Disorder        | Emphysema     |
| Eye or Visual Problems                       | Kidney Problems         | Cancer        |
| Psychiatric or Emotional Problems            | Major Injuries          | Arthritis     |
| Sexually Transmitted Diseases                | Hearing or Ear Problems | Stroke        |
| Ulcers or Gastrointestinal Problems          | Chickenpox/ Shingles    |               |
| Back Problems or Any Muscle or Bone Disorder |                         |               |

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

Please Explain: \_\_\_\_\_

Are you under medical treatment of any kind? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Medications (Current/ Recent):

Allergies: \_\_\_\_\_

Have you ever had any operations? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Family History: Please list any medical problems your family members have, including cause of death, if deceased:

**TUBERCULOSIS SCREEN**

1. Do you or have you had any of the following problems:

Diabetes Mellitus Yes  No

Blood/lymph Disease such as Leukemia or Hodgkins Yes  No

2. Do you take corticosteroids (prednisone, cortisone)?

Yes  No

If yes, please explain: \_\_\_\_\_

3. Are you taking any immunosuppressive drugs (azathioprine, cyclosporine, muromonab)?

Yes  No

If yes, please explain: \_\_\_\_\_

4. Do you have any of the following symptoms:

	No	Yes	If YES, Please Explain
FEVER			
TIREDNESS			
WEAKNESS			
NIGHT SWEATS			
LOSS OF APPETITE			
UNEXPLAINED WEIGHT LOSS			
SWELLING IN NECK, ARMPITS, GROIN			
COUGH WITH SPUTUM			
BLOOD TINGED SPUTUM			

To the best of my knowledge, I have completed this information accurately and completely.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
(If under 18) Parent or Guardian's Signature

**Send To:**  
**Volunteer Services**  
**Long Island State Veterans Home**  
**100 Patriots Road**  
**Stony Brook, NY 11790-3300**

**MEDICAL REFERENCE**

***To Be Filled Out By Your Physician***

Volunteer Applicant's Name:  
\_\_\_\_\_

The above individual has applied to become a volunteer at the Long Island State Veterans Home and has given us your name as a medical reference. Please provide us the following information; it will be treated as confidential. You can **fax or mail back** the completed form to the Department of Volunteer Services at the above contact information. Thank you for your assistance.

Sincerely,

*Susan K Helmus*

Susan K. Helmus, M.A.  
Director of Volunteer Services



**DEPARTMENT OF VOLUNTEER SERVICES**

**100 Patriots Rd, Stony Brook, New York 11790-3300  
(631) 444-8590 Fax: (631) 631-632-2481**

**e-mail: [Susan.Helmus@StonyBrook.edu](mailto:Susan.Helmus@StonyBrook.edu)**

**Volunteer; do NOT write below this line. Bring to your Physician and have him/her fill this out.**

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1. Does the applicant have any condition or disability that may be of potential risk to patients or personnel at the Long Island State Veterans Home?

Yes       No

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_

2. Does the applicant have any condition or disability that might interfere with the performance of his/her duties as a volunteer?

Yes       No

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_

3. Mantoux (PPD) within the past three (3) months:

*[If having his/her PPD done at the Veterans Home, do not fill out this question].*

Date: \_\_\_\_\_ Results: \_\_\_\_\_ CXR: \_\_\_\_\_

**Physician Office  
Stamp and  
License Number  
are Required**

**Physician's Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Consent Form

### To Interview, Photograph, Film, Videotape or Record

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Volunteer: \_\_\_\_\_

I hereby give my consent and permission to the Long Island State Veterans Home, its employees and authorized agents to interview, take photographs, motion pictures, videotape and/ or sound recordings of me.

The interviews, photographs, films, videotapes or recordings obtained by the Long Island State Veterans Home may be used, together with the use of my name, for educational, public relations or advertising purposes as determined by the Home.

Signature of Volunteer: \_\_\_\_\_

*If under 18, Signature of Parent or Guardian:* \_\_\_\_\_

*Printed Name of Parent or Guardian:* \_\_\_\_\_

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*Do Not Write Below This Line*

Authorized Signature: \_\_\_\_\_