



DEPARTMENT OF VOLUNTEER SERVICES

100 Patriots Rd, Stony Brook, NY 11790-3300

(631) 444-8590

Fax (631) 632-2481

Susan.Helmus@StonyBrook.edu

www.listateveteranshome.org/volunteers.html

Dear Prospective “Volun-Teen”:

Thank you for your interest in the Long Island State Veterans Home. Our “Volun-Teen” program is for those young people ages 14-17 who want to volunteer at the Veterans Home.

To Get Started:

Fill out and the Volunteer Application (page 1 & 2) and have your parent or guardian fill out and sign the parent consent form, then mail it in to the Veterans Home. Once we receive the completed application and consent form 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 You Will Also Need to Submit:

You can attend orientation without these items, but you will need to be submitted before you can start volunteering.

- 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.*
- Working Papers (you obtain from your school)

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.

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, career exploration, 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 meal program, quarterly newsletter, training and support, volunteer support groups, educational workshops, reference letters, proof of hours, holiday gift and recognition luncheon.

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 .

Best wishes,

Susan K. Helmus

Susan K. Helmus, MA
Director of Volunteer Services



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Parent/Guardian Consent & Medical Authorization

Date: ____/____/____

Participation Consent

I give consent for my child, _____, to participate in the Junior Volunteer program at the Long Island State Veterans Home at Stony Brook, New York. I realize that volunteering is a responsibility and my child is making a commitment. I agree to assume responsibility for my child's transportation to and from the Home.

Medical Authorization

Furthermore, I give my consent to the Long Island State Veterans Home and the University Hospital at Stony Brook and to its medical and nursing staff to examine or treat my child, named above, in the event of any accident or illness that may occur in the course of performing duties as a volunteer at the Long Island State Veterans Home.

I also give my consent to the Long Island State Veterans Home at Stony Brook to perform health assessments and/or screenings as required by the Home's policies.

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Parent/Guardian's Address



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Junior Volunteer Application (14 – 17 years old)

Name _____ Gender _____
(Last , First Middle Initial)

Address _____
Street Address City State Zip

Phone Number _____ e-mail Address _____

School's Name and Mailing Address _____

Grade _____ Guidance Counselor _____

Current Employer (if applicable) _____ Telephone: _____

Job Title _____ Number of hours per week _____

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

Clubs and Organizations to which you belong _____

Do you have any limitations that might affect your volunteering? _____

If yes, please explain: _____

Have you ever been arrested for anything? Please circle: YES NO

If yes, please explain: _____

IN CASE OF EMERGENCY, contact:

Name _____ Phone _____ Relationship _____

PHYSICIAN'S NAME _____

Address _____ Phone _____

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 or peers)*

Examples of appropriate references would be a teacher, guidance counselor, community leader, religious instructor, employer, coach, youth group leader or neighbor who you have assisted or worked for.

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 am required to have access to and am involved in the processing 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 understand that a violation of this confidentiality may result in disciplinary action.

As a Junior Volunteer I agree that I will serve regularly as assigned, accept supervision gracefully, and agree to abide by all rules and policies of the facility and the Department of Volunteer Services.

Junior's Signature

Date

Parent or Guardian's 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.

Excerpts From the “Ten Tips for Wise Volunteering”

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

☞ Research the causes or issues important to you.

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

☞ 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.

☞ 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.

☞ 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.

☞ 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.

☞ 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, Community theatres, 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, 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

☞ 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!

☞ 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 1-800volunteer.org 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 |
| Turberculosis | 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: _____



MEDICAL REFERENCE

To Be Filled Out By Your Physician

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(631) 444-8590 Fax: (631) 632-2481

e-mail: Susan.Helmus@StonyBrook.edu

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

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

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: _____

Do Not Write Below This Line

Authorized Signature: _____