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## VOLUNTEER PROGRAM 2023

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Thank you for your interest in becoming a volunteer at Neighborhood Health. We believe volunteers who serve side-by-side with health center personnel are a valued resource. Our priority is to find the appropriate assignment for you, one that is desired by you and fills a health center need for assistance.

### **What makes a good volunteer?**

A good volunteer has a friendly, customer-focused attitude and excellent communication skills. In addition to those qualities, Neighborhood Health is looking for mature individuals who are responsible, dependable, passionate, and committed!

Candidates with a willingness to serve, a professional demeanor, and a positive attitude toward staff, patients, and visitors make great volunteers. Medical or clinical experience is not required.

### **What opportunities are available for volunteers?**

We will discuss your interests and needs during the interview process. Placements are based on organizational need and the qualifications, skills, and background of each individual volunteer.

We generally assign volunteers into one of the following types of positions:

- **Public/Patient Visitor Services** – Greet and assist patients and guests, helping them find their way or register, obtain patient information, etc.
- **Patient Care** – Assist in health care departments and other care areas by answering calls, socializing with patients, running errands, stocking supplies, etc.
- **Non-Patient Services/Clerical** – Assist with clerical and administrative tasks in offices and departments that support operations. Duties may include answering phones, data entry, scanning, file uploads, etc.

## **What is required to become a volunteer?**

Applicants must be a minimum age of 12 years or older.

Must provide:

- **Brief statement of interest** – inclusive of available hours / weekly schedule
- **References /recommendations**, requirements:
  - Middle / High School - Provide one school recommendation
  - College / Adult - Provide two professional references (non-relatives)

## **What is the process for volunteering?**

The volunteer selection and placement process is designed to keep our patients, caregivers, and staff safe while providing you with a meaningful, rewarding, and enriching experience.

*Carefully review the following steps before applying:*

**Step 1:** Complete an online application form — the references/ recommended form must be submitted with the application form.

**Step 2:** The HR -Volunteer Coordinator will contact you to schedule an Interview/Placement Assessment.

**Step 3:** If you are selected for a position, you will be asked to complete a health physical or provide proof of all required vaccines, including TB screening (or chest x-ray if required).

**Step 4:** Pass a criminal background check, which may also include sex offender and / or Medicaid / Medicare fraud checks.

**Step 5:** Health Center orientation.

**Step 6:** Hands-on assignment training and welcome aboard!

If you are interested in volunteering and believe you can complete all the steps outlined above, we invite you to apply!



Neighborhood Health - Plainfield  
Neighborhood Health - Cardinal

Neighborhood Health – Elizabeth  
Neighborhood Health – The Healthy Place

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**VOLUNTEER APPLICATION**

**PLEASE PRINT CLEARLY**

**Age Level**

Middle School ☐

High School ☐

College ☐

Adult ☐

**Position(s) applied for** \_\_\_\_\_

**Date of application** \_\_\_\_\_

**Referral** \_\_\_\_\_

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**Name** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Street City State Zip Code

**Contact Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**If applicable, driver's license number** \_\_\_\_\_ **State** \_\_\_\_\_

**Have you ever worked for NHSC?** \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, give dates and position.* \_\_\_\_\_

**Are you related to a current NHSC employee or Board of Directors?** \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, explain Relationship* \_\_\_\_\_ *Name of Employee* \_\_\_\_\_

**Do you hereby attest that no health problems exist that could affect your ability to perform the job for which you are applying?** ☐ Yes ☐ No

## EMPLOYMENT HISTORY

List your four (4) most recent positions, starting with the most recent. Include military, volunteer, or internship assignments. Explain any gaps in employment in the comments section below.

Name & Address of Company Position Title	Dates of Employment	Reason for leaving

May we contact for reference? ☐ Yes ☐ No If so, telephone number: \_\_\_\_\_

Name & Address of Company Position Title	Dates of Employment	Reason for leaving

May we contact for reference? ☐ Yes ☐ No If so, telephone number: \_\_\_\_\_

Name & Address of Company Position Title	Dates of Employment	Reason for leaving

May we contact for reference? ☐ Yes ☐ No If so, telephone number: \_\_\_\_\_

Name & Address of Company Position Title	Dates of Employment	Reason for leaving

May we contact for reference(s)? ☐ Yes ☐ No If so, telephone number: \_\_\_\_\_

**Comments**

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**SKILLS and QUALIFICATIONS**

*Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.*

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**EDUCATIONAL BACKGROUND**

*List last three (3) schools attended, starting with the most recent.*

School	Years Completed	Degree/Diploma	GPA	Major

*List any foreign language(s)*

Language	Speak Fluently	Read	Write

**REFERENCES:**

*List name and telephone numbers of three references. Must be references from prior business associates or school officials who are not related to you.*

Name	Email Address	Years Known

List any professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

Organization	Offices Held

List any additional information that you would like us to consider.

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Please initial next to each statement and then sign below.

\_\_\_\_\_ It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and or separation from the organization's service if I have been employed.

\_\_\_\_\_ I give the employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

\_\_\_\_\_ The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's seeking consideration for employment on a basis prohibited by local, state or federal law.

\_\_\_\_\_ I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

\_\_\_\_\_ I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

\_\_\_\_\_ As an entity receiving federal grants funding, **NHSC** must comply with the ***Drug Free Workplace Act of 1988***. All employees, contractors and volunteers must submit to an *initial* drug and substance abuse screening as a condition of employment. Each individual will be given an opportunity to self-disclose any over the counter or prescribed medication therapy prior to the administration of the test.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Affirmative Action Voluntary Information

*(Completion of information below is voluntary)*

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We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

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To be completed by applicant. Not for interview purposes. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

**PLEASE BE ADVISED THAT THIS SURVEY IS NOT A PART OF YOUR OFFICIAL APPLICATION FOR EMPLOYMENT. IT IS CONSIDERED CONFIDENTIAL INFORMATION THAT WILL NOT BE USED IN ANY HIRING DECISION.**

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Position (s) applied for \_\_\_\_\_

### Referral Source

\_\_\_\_ Walk-in    \_\_\_\_ Government Employment Agency    \_\_\_\_ Private Employment Agency    \_\_\_\_ Employee  
\_\_\_\_ Relative    \_\_\_\_ School    \_\_\_\_ Advertisement – Source \_\_\_\_\_    \_\_\_\_ Other

Name of person who referred you (if applicable) \_\_\_\_\_

### Please check one of the following Equal Employment Opportunity Identification Groups:

- ☐ Hispanic or Latino – includes all employees who answer "Yes" to the question, are you Hispanic or Latino?
- ☐ White (not Hispanic or Latino)
- ☐ Black or African American (not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- ☐ Asian (not Hispanic or Latino)
- ☐ American Indian or Alaska Native (not Hispanic or Latino)
- ☐ Two or More Races (not Hispanic or Latino)

### Special Note

#### **To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:**

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment. If you wish to be identified, please check if any of the following are applicable:

\_\_\_\_ Vietnam era Veteran (served between 1964-1975)    \_\_\_\_ Disabled Veteran    \_\_\_\_ Individual with a disability

## **For Personnel Department Use Only**

Position(s) applied for    \_\_\_ Available        \_\_\_ Not Available

Other positions considered for \_\_\_\_\_

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Hired \_\_\_ Yes    \_\_\_ No

Position hired for \_\_\_\_\_ Date of hire \_\_\_ / \_\_\_ / \_\_\_

From the EEO classifications listed below, which one best describes the position filled \_\_\_\_\_

(1.1) Executive/Senior Level Officials and Managers

(1.2) First/Mid-Level Officials & Managers

(2) Professionals

(3) Technicians

(4) Sales Workers

(5) Administrative Support Workers

(6) Craft Workers

(7) Operatives

(8) Laborers & Helpers

(9) Service Workers

Notes \_\_\_\_\_

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Completed by \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_





## Volunteer Waiver, Release and Indemnity

Name of Volunteer (please print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer Activity: \_\_\_\_\_

Dates/ Location of Volunteer Activity: \_\_\_\_\_

I, the undersigned volunteer, desire and agree to volunteer for Neighborhood Health Services Corporation (NHSC) in the volunteer activity described above. I further understand and agree as follows:

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of NHSC, and NHSC will not provide insurance coverage for me;
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
3. I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that NHSC is not responsible for conditions that I create myself or those created by other volunteers or participants;
4. I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify NHSC, its officers, board members, employees, agents and volunteers from and against any and all loss, damage, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of NHSC or otherwise.
5. I understand that I may be photographed during the volunteer activity. By signing below, I give NHSC express permission to use any photo taken of me (or my child) during the volunteer activity in any of its social media postings and/or other marketing materials.

I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if volunteer is under age 18)

\_\_\_\_\_  
Date