



Dear Prospective Volunteer:

Thank you for expressing an interest in the volunteer program at Sunshine Children's Home and Rehab Center. Sunshine provides complex medical care and intensive rehabilitative services to children with special healthcare needs from birth to eighteen years of age. Volunteers are needed for many diversified duties such as friendly visitor, clerical assistance and special projects.

Enclosed please find an application for our volunteer program. Upon completing the application and obtaining all requested documentation, please return the completed material to the Volunteer Coordinator. You must have your medical form completed, stamped and signed by your physician as well as all other requested documentation prior to your start date. Once we receive and approve your completed application packet, we will contact you to schedule your orientation.

Looking forward to you joining team Sunshine.

Sincerely,

Kimberly August, CTRS
Therapeutic Activities Supervisor/ Co-Coordinator of Volunteer Services
Sunshine Children's Home & Rehab Center
15 Spring Valley Road
Ossining, New York 10562
Phone: 914-333-7038
Fax: 914-333-7175
kaugust@sunshinechildrenshome.org



Application for Volunteer Services

Date of Application ____/____/____

<p>Contact Information:</p> <p>Home _____</p> <p>Cell _____</p> <p>Email _____</p> <p>In Case of Emergency notify:</p> <p>Name _____</p> <p>Relationship _____</p> <p>Home _____</p> <p>Cell _____</p>	<p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Date of Birth _____</p> <p>Place of Employment _____</p> <p>School/College Attending _____</p>
--	---

Are you volunteering to meet service hours? No

Yes:

Name of School or Community Program

Address: _____

Teacher/Program Coordinator name, email address and/or phone number:

-

Program start date: ____/____/____ Program end date: ____/____/____
Required number of hours: _____

In what capacity would you like to volunteer:

Directly with children Administrative/clerical support Want to explore options

Do you have any experience working with children? No

Yes _____

Do you have any previous volunteer experience? No

Yes _____

Have you been a resident or do you know a resident at Sunshine? No

Yes _____

Why would you like to volunteer at Sunshine?

I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me or will cause termination of my volunteer position. I authorize Sunshine Children's Home to fully investigate my references. Any placement commenced prior to receipt of references, a NYS Register of Child Abuse check and criminal background check is conditional upon satisfactory receipt of this information.

As a volunteer, I hereby agree that I will abide by all policies and procedures of the Volunteer Services Program and Sunshine Children's Home. I also understand that Sunshine is a smoke free environment.

I have read and clearly understand the above statements.

Applicant's Signature: _____

Date: ____ / ____ / ____

This page is ONLY For applicants under 18 years of age:

I confirm that I have received parental or guardians' consent to volunteer at Sunshine (please attach signed letter of consent to application submission).



Parental Consent Form

(For volunteer applicants under the age of 18 who are supervised by an external sponsor)

_____ has my permission to participate in the Volunteer program at Sunshine Children's Home and Rehab Center.

I, _____, offer my support with their volunteer services and will ensure that he/she adheres to his/her schedule and responsibilities.

Signature of Parent/Guardian _____ Date:

_____/_____/_____

Reference Letter: Please be advised that we require **one** written reference (either personal or professional). The reference may be typed or handwritten and **MUST BE ATTACHED** to the application. The letter may include your relationship with the reference, how long they have known you, why they recommend you for volunteer service, and your qualities that may be an asset to the Sunshine family.



REFERENCE LETTER

Dear _____,

Your name has been given to us as a reference by _____ who has applied for volunteer services with our children. Please answer the questions below using the reverse side if necessary and return this form to:

Sunshine Children's Home and Rehab Center
15 Spring Valley Road
Ossining, New York 10562
Attn: Volunteer Coordinator

Please comment on the candidate's skills, dependability, cooperation, ability to relate to children and similar traits. Please give examples where possible.

Does the applicant have any problems that we should be aware of before we give him/her assignment at Sunshine? No

Yes

Print Name _____

Telephone number _____

Signature _____ Date ____/____/____



RELEASE FORM FOR TAKING AND UTILIZING OF
PHOTOGRAPHS, PHOTOCOPIES, TAPE RECORDINGS, VIDEO
TAPES AND FILM

Name: _____

I hereby grant permission to Sunshine, its agents, employees, and to any person, firm or organization that Sunshine may designate or authorize to take and utilize photographs, photocopies, tape recordings, video tapes and films (collectively, the "materials") of me.

This consent includes the use of materials with or without my name and biographical data by Sunshine of anyone else on its behalf, without limitations as to time or frequency of use, for any or all of the following purposes:

- Newspaper release
- Publicity or fund-raising
- Release of communication to other media
- Educational, instruction or teaching purposes

I grant this consent voluntarily and hereby waive any and all rights I may have to royalties or other compensation in connection with publication or other use of the materials.

Volunteers Signature _____ Date ____/____/____

I do not grant this consent. However, I hereby acknowledge that I may not refuse to have my picture taken and displayed within the workplace for purposes related to patient care or services. I further acknowledge that, should I wish to refrain from having my photo or video published, I am responsible to

communicate my wishes to the photographer or videographer at the time the picture or video is taken. I acknowledge that Sunshine will make a reasonable attempt to honor my wishes; however, I hereby hold Sunshine, its agents and employees and any person, firm or organization that Sunshine may designate or authorize harmless in the event that my photo, video or other likeness is used for any of the above purposes.

Volunteer Signature _____

Date ____/____/____



VOLUNTEER HEALTH REQUIREMENTS

As a Department of Health requirement for volunteering with Sunshine, the following documentation must be submitted prior to your anticipated start date. Please complete all required information requested in the "*To Be Completed by VOLUNTEER and Emergency Contact*" section.

- **Proof of ONE (1) negative PPD test** - one must have been completed within one (1) year prior to start of volunteering.

- **If your PPD has been positive** in the past, proof of a negative chest x-ray is required within the past 5 years. A complete written official report of the x-ray is necessary. Additionally, your physician needs to complete the TB Assessment Form.

- **Proof of Measles, Mumps, Rubella (MMR) and Varicella immunity.** The proof may be 1 of the 4 options listed:
 1. An actual laboratory report including a numerical lab titer
 2. Official immunization record
 3. Signed MD statement that vaccine was given on date indicated
 4. Signed MD statement that individual has had the disease.

**Proof of Measles immunity is not required of anyone born before January 1, 1957.

- **Proof of COVID 19 Vaccination** – Mandatory for all student interns, and Volunteers, who engage in activities such that if they were infected with COVID-19, they could potentially expose, patients, residents, or personnel working for such entity to the disease.”



VOLUNTEER HEALTH ASSESSMENT

To be completed by the Volunteer

Name _____ Date ____/____/____

Home Address _____

Street City State Zip Code

Home Phone _____ Cell Phone _____

Email _____ Date of Birth ____/____/____

I certify to the best of my knowledge that I am free from any health impairment that may be of potential risk to the patient or may interfere with the performance of my duties, including habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances that may alter my behavior. I also certify that to the best of my knowledge; I do not pose any risk to myself or others and that the above information is accurate.

Volunteer Signature _____ Date ____/____/____

To be completed by Physician

Vaccination Type

Administration Date(s)

- Measles*
- Mumps*
- Rubella*
- Varicella*
- Influenza
- COVID

 Brand _____ Date(s) _____

* a titer is needed if there is no documentation of immunization or prior illness

PPD

A PPD test for tuberculosis must be completed within the past year prior to the start of volunteer services.

Mantou (PPD) test date _____ Results _____ Date _____

In lieu of a PPD, a negative **QuantIFERON test** can also be submitted if done within the past year.

If your PPD has been positive in the past, proof of a negative chest x-ray is required within the past 5 years. A complete written official report of the x-ray is necessary. Additionally, your physician needs to complete the TB Assessment Form.

I certify to the best of my knowledge, my patient is free from any health impairment that may be of potential risk, or that would interfere with the performance of his/her volunteer duties at Sunshine Children's Home and Rehab Center.

Physician's Name _____ Date ____/____/____

Physician's Signature _____ Telephone _____

Physician's Stamp



1.

2. HIPAA

NONDISCLOSURE/CONFIDENTIALITY
AGREEMENT

I, _____, have been asked by Sunshine Children's Home & Rehab Center to affirm my commitment at the time of my employment/assignment to ensure the confidentiality of protected health information. I understand that Sunshine Children's Home & Rehab Center has a legal and ethical responsibility to safeguard the privacy of all residents and their personal representative(s) and to protect the confidentiality of their health information. In the course of my employment/assignment at Sunshine, I may come into possession of protected health information, even if I am not directly involved in providing care.

As a condition of my employment/assignment, I hereby agree that I will not at any time during or after my employment/assignment with Sunshine Children's Home & Rehab Center disclose any protected health information to any person whatsoever or permit any person whatsoever to examine or make copies of any reports or other documents prepared by me, coming into my possession, or under my control, or use any protected health information, other than necessary, or as directed by my supervisor, in the course of my employment/assignment.

When protected health information must be discussed with other health care personnel in the course of my work, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the resident's care.

I understand that violation of this agreement may result in corrective action, up to and including termination.

Signature of Employee/Student/Volunteer

Department

Print Name

Date