



SUNRISE ON WHEELS VOLUNTEER REQUIREMENTS

Please initial each line:

- I am at least 18 years of age.
- I agree to a criminal background check.
- I am willing to receive the influenza and Covid-19 vaccinations and I will provide proof of these vaccines as per hospital and Sunrise Association guidelines.
- I am willing to provide proof of immunity to measles, mumps and rubella (MMR), chickenpox and tetanus, diphtheria and pertussis (Tdap.) as per individual hospital's requirements.
- I am willing to receive an annual tuberculosis (TB) screening.
- I am willing to provide proof of an annual physical as per individual hospital's requirements.
- I will interview with a **Sunrise on Wheels** Coordinator and if required, with a Hospital Volunteer Coordinator.
- I agree to volunteer at least two times per month, for a minimum of 1 year.
- I will adhere to **Sunrise on Wheels** and hospital policies & procedures.
- I will follow through with any additional training **Sunrise on Wheels** and the hospital volunteer department may require.



FOR OFFICE USE ONLY	
PLEASE DO NOT WRITE IN THIS AREA	
Date Received	_____
Initial Interview	_____
Hospital	_____
Connected with VO	_____
Cleared	_____
Start Date	_____
Term Date	_____

Volunteer Application

Date of Application: _____

Personal Information

Name: _____

Date of Birth: _____

Address _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email address _____

Occupation: _____

Employer or School: _____

Employer / School Address: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Languages Spoken: _____

Education: _____

Training or Certifications pertinent to child care: _____

Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses? If so, please explain.

Emergency Contact

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Previous Hospital or Community Volunteer Experience (Use additional sheets if necessary)

Where: _____ When: _____

Address: _____

Phone: _____ Supervisor: _____

Your Role: _____

Where: _____ When: _____

Address: _____

Phone: _____ Supervisor: _____

Your Role: _____

What type of child care experience, if any, do you have? (If babysitting/nanny, please indicate age of child and name of parent/contact info): _____

Do you have any experience in working/volunteering with children with cancer/chronic illnesses/ special needs? Please describe:

Why do you want to volunteer in a hospital environment? _____

Please specify what personal skills/characteristics you will bring to Sunrise on Wheels to fulfill the special needs of the children:

How did you hear about Sunrise on Wheels? _____

Which of the following hospitals are you interested in joining? Please check all that apply.

The Children's Hospital at Montefiore: (Bronx)

Wednesdays 10:00 AM – 4:00 PM
(AM and PM Sessions Available)

Thursdays 10:00 AM – 4:00 PM
(AM and PM Sessions Available)

New York Presbyterian/Columbia: (Upper West Side)

Mondays 10:00 AM - 1:00 PM

Mondays 1:30 PM - 4:00 PM

Tuesdays 10:30 PM – 1:30 PM

Cohen Children's Medical Center (Queens)

Tuesdays 9:30 AM - 12:00 PM

Tuesdays 12:00 PM - 2:30 PM

Wednesdays 9:30 AM - 12:00 PM

Wednesdays 12:00 PM - 2:30 PM

Thursdays 9:30 AM - 12:00 PM

Thursdays 12:00 PM - 2:30 PM

Maria Fareri Children's Hospital (Westchester)

Tuesdays 9:30 AM - 12:30 PM

Thursdays 9:30 AM - 12:30 PM

Newark Beth Israel: (Newark, NJ)

Tuesdays 10:00 AM - 2:00 PM

NYU/Langone: (Manhattan)

Fridays 10:00 AM - 1:00 PM

New York Presbyterian/Cornell: (East side)

Thursdays 9:00 AM – 12:00 PM

Goryeb Children's Hospital: (Morristown, NJ)

Wednesdays 10:00 AM - 1:00 PM

Hackensack University Medical Center: (NJ)

Mondays 9:30 AM - 1:30 PM

Thursdays 1:00 PM – 4:00 PM

Memorial Sloan Kettering Cancer Center: (Manhattan)

Mondays 11:30 AM – 3:30 PM

Tuesdays 1:00 PM - 5:00 PM

Fridays 10:00 AM - 1:00 PM

Mt. Sinai Medical Center: (Manhattan)

Wednesdays 10:00 AM - 1:00 PM

References

Please list 2 personal references (other than relatives) that we may contact who have knowledge of your character, experience and ability. Also, include 2 current or past employer references.

Personal References:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Length of time known: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Length of time known: _____

Professional References:

Name: _____ Length of time known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Position: _____

Name: _____ Length of time known: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Position: _____

Applicant Signature: _____ Date: _____

Print Name: _____

For office use only

Notes: _____

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____, hereby authorize the Sunrise Association and/or Sunrise on Wheels to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the Association, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed: _____ Date: _____
(Signature of Applicant)

PLEASE RETURN BY EMAIL OR USPS MAIL TO:

Cindy Harwin
Director of In-Hospital Programs
Sunrise Association
11 Neil Court, Oceanside, NY 11572
Phone: 516-650-7640
Email: Cindy@SunriseLongIsland.org

