

Please read and sign the following statement:

- I understand that all hospital volunteers must **follow New York State regulations** for initial immunization screening and attend the required hospital orientation, and annually update both. NYS requires annual influenza vaccination.
- I will consider as confidential all information that I may gain, directly or indirectly, concerning a patient, physician or any other person.
- I understand that there is a **minimum commitment of 50 hours** of volunteer service. In completing the minimum commitment I will be eligible for letters of recommendation. We ask that you do not request letters of recommendation until you have completed your 50 hours of service.
- I will supply two completed references (use Reference Form attached) and the completed High School Information Form.
- PHC reserves the right to request a random drug test of any volunteer. For Volunteers under the age of 18 a request will be sent to parents/guardians. Signed permission by parents must be returned to do the drug test.
- In signing this, I understand and accept the above statements.

Student's

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Parents—

I understand that my son/daughter, \_\_\_\_\_, is applying to be a Junior Volunteer at Putnam Hospital. I have read and understand the requirements and expectations of Putnam Hospital. Students are required to do a minimum of **50 hours of service annually**. PH reserves the right to request a random drug test of any volunteer. For Volunteers under the age of 18 a request will be sent to parents/guardians. Signed permission by parents must be returned to do the drug test.

Parent's

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application to:

John Mahoney  
Manager of Volunteer Services  
Putnam Hospital  
670 Stoneleigh Avenue  
Carmel, New York 10512  
Telephone # 845-230-4752