



"The Caring Place"
Where the patient is at the center of everything we do

MORRIS HEIGHTS HEALTH CENTER

85 West Burnside Avenue, Bronx, New York 10453

Main Line: (718) 716-4400

Fax Line: (718) 294-6912

Dear Prospective Volunteer:

Thank you for your recent inquiry regarding the Volunteer Program at Morris Heights Health Center. Volunteers are an essential part of our organization as they help us to supplement and enhance existing services to patients, their families and organizational programs.

To become a MHHC volunteer, all volunteers will be required to complete the administrative process as outlined below.

- Apply for working papers at your school (for ages 14-15)
- Complete the volunteer application online (indicate the Assignment/Position in the Subject Line of email)
- Upon review of the application for potential assignment role and match – you will be called to schedule a personal interview

Upon Conditional Assignment confirmation:

- Volunteer will be required to complete a Health Clearance which has to be approved by MHHC's Employee Health Services Department before the start of their assignment.
 - Volunteer will have their doctor complete the Health Clearance Form and return to MHHC
 - Volunteer will be required to do a drug/toxicology test at MHHC

Upon Assignment Confirmation:

- Volunteer will complete orientation paperwork
- Volunteer will be required to do Mandatory Training – Safety and HIPPA and computer training if deemed necessary
- Volunteer will receive confirmation of start and end date of assignment along with MHHC ID card

To be considered for future volunteer opportunities, **ALL** volunteers will be required to complete a satisfaction survey at the end of their assignment.

We look forward to meeting with you as you pursue volunteer opportunities with MHHC! Sincerely,

Human Resources Department



VOLUNTEER APPLICATION

Today's Date: _____

Personal Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Why are you interested in volunteering? Personal Interest Educational Internship

Community Service Hours Other: _____

Age: _____ Over 18 _____ Under 18 (*If under 18, parental/guardian consent is required*)

Have you ever received services from Morris Heights Health Center? Yes No

Foreign Languages: _____ Speak Read Write

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Experience and Education

What is your highest level of education?

High School Some College College Completed (Major: _____)

Have you had any previous experience as a volunteer? If so, where and what did you do?

General Interest

How did you learn about MHHC? Ad Website College/University

Other: _____



VOLUNTEER APPLICATION

Which areas are you interested in volunteering?

Marketing/Outreach Purchasing/Delivery Patient Greet

Administration Other: _____

How long can you commit to volunteering? One Time Occasionally 3-6 Months

6+ Months Other: _____

Please indicate the days available to volunteer:

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays

Available time: Mornings Afternoons Evenings

Hobbies/Interests:

Office Skills: Typing Filing Mailing Printing/Copying Answering Phones

Technical Skills (Hardware/Software): _____

Other Skills: _____

In 3-5 sentences, please explain why you would like to volunteer/intern at MHHC:

References

List two references (not family) whom you have known more than 2 years:

Name: _____ Relationship: _____ Phone: _____ Years Known: _____

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VOLUNTEER APPLICATION

Morris Heights Health Center is an
Equal Employment Opportunity/Affirmative Action Employer

AUTHORIZATION AND AGREEMENT BY APPLICANT

1. I certify that the facts set forth in this Volunteer Application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I agree to complete a drug screening and TB screening requirements relevant to the position for which I am applying.

Signature of Applicant

Date

Signature of Parent (if under 18)

Date

Please submit completed applications to volunteer@mhhc.org