



FOR OFFICE USE ONLY

Date App Rcd _____
Date Ref #1 _____
Date Ref #2 _____
Interview Date _____
Medical Clearance _____
Hosp Orient. _____
Beginning Date _____

SUNRISE ON WHEELS VOLUNTEER APPLICATION

Date of Application: _____

Personal Information

Name: _____ Social Security Number _____-_____-_____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email address: _____

Date of Birth: _____

Occupation: _____

Employer or School: _____

Employer / School Address: _____

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

Emergency Contact

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Languages Spoken: _____

Education: _____

Training or Certifications pertinent to child care: _____

Do you have any physical limitations? If so, specify: _____

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

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? (check all that apply)

The Children's Hospital at Montefiore: (Bronx)

(Mondays 9:30 AM-12:30 PM)

(Mondays 12:30 PM-3:30 PM)

NYU/Langone: (Manhattan)

(Mondays 10:00 AM-2:00 PM)

Mt. Sinai Medical Center: (Manhattan)

(Mondays 10:00 AM-1:00 PM)

(Tuesdays 10:00 AM-1:00 PM)

Memorial Sloan Kettering Cancer Center: (Manhattan)

(Tuesdays 1:00 PM-3:00 PM)

(Tuesdays 3:00 PM-5:00 PM)

Stony Brook University Hospital: (Suffolk)

(Wednesdays 1:00 PM-3:00 PM)

(Wednesdays 3:00 PM-6:00 PM)

Maimonides Medical Center: (Brooklyn)

(Wednesdays 10:00 AM-2:00 PM)

Cohen Children's Medical Center (Queens)

(Tuesdays 9:30 AM-12:00 PM)

(Tuesdays 12:00 PM-2:30 PM)

(Tuesdays 2:30 PM-4:30 PM)

(Wednesdays 9:30 AM-12:00 PM)

(Wednesdays 12:00 PM-2:30 PM)

(Fridays 9:30 AM-12:00 PM)

(Fridays 12:00 PM-2:30 PM)

New York Presbyterian/Columbia: (Manhattan)

(Tuesdays 10:00 AM-1:00 PM)

Maria Fareri Children's Hospital: (Westchester)

(Thursdays 9:00 AM-12:00 PM)

Hackensack University Medical Center: (NJ)

(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: _____

Current or Past Employer:

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: _____

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____, hereby authorize Sunrise Day Camp and/or Sunrise on Wheels (collectively "Sunrise") 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 camp, 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 APPLICATION TO:

Dulcie Auerfeld
Senior Coordinator of Sunrise on Wheels
Sunrise Day Camp - Long Island/Friedberg JCC
15 Neil Court, Oceanside, NY 11572
phone: 516-634-4017 • fax: 516-705-0490
email: dauerfeld@friedbergjcc.org

• *In New Jersey or Westchester, please contact:*

Lisa Lehrman
Hospital Liaison, Coordinator of Sunrise on Wheels
Sunrise Day Camp - Pearl River/Rosenthal JCC
600 Bear Ridge Road, Pleasantville, NY 10570
phone: 914-343-5395 • fax: 914-741-6150
email: llehrman@rosenthaljcc.org

