



78 Birchwood Drive, Huntington Station, NY 11746  
PHONE (631) 592-6400

Dear Prospective Junior Volunteer,

Thank you for your interest in becoming a volunteer at Apex Rehabilitation & Healthcare. Volunteers are an important part of our community and there are many exciting opportunities that enrich the lives of both the residents and the volunteer.

Due to State and Federal Regulations as well as facility policies and practices, volunteer applicants are required to undergo the same background and health screen as employees to complete the application process and begin volunteer service. Volunteers under the age of 18 are required to have a parent or guardian sign and consent on necessary paperwork.

If you are interested in becoming a volunteer, please complete the application packet and return to:

Apex Rehabilitation & Healthcare  
ATTN: Therapeutic Recreation, Volunteer Service Coordinator  
78 Birchwood Drive  
Huntington Station, NY 11746

Once we have received the completed application packet, we will contact you to set up an interview and move forward with the application process. If you have any questions or need additional information, you may contact the Therapeutic Recreation Department at (631) 592-5400 ext. 2790.

Thank you once again for considering Apex Rehabilitation & Healthcare. We look forward to meeting with you and beginning the volunteer process.

Sincerely,  
Kelly Valsamis  
Director of Therapeutic Recreation



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### **Junior Volunteer Consent Form**

By signing below, I am giving permission for Apex Rehabilitation & Healthcare to complete all of the necessary processes needed to become a volunteer including background and health screens detailed below.

I understand and give consent that to become a volunteer I must initially provide and maintain the following:

- Health Physical - to be updated annually
- Proof of current PPD - to be updated annually
- Documentation of proof of MMR or proof of immunity
- Complete laboratory work up for titers for varicella, MMR, and Hepatitis B
- Documentation of proof of the influenza vaccine - to be updated annually at start of flu season

I understand that all paperwork will be kept **strictly confidential**.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

***For volunteers under the age of 18 years, a parent or guardian must sign below.***

By signing below, I give consent to all of the above:

Name of Parent or Guardian (Please Print) \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



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### Junior Volunteer Application (14-17 years old)

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street Address City State Zip

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

School's Name and Mailing Address \_\_\_\_\_

Grade \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Current Employer (if applicable) \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title \_\_\_\_\_ Number of Hours Per Week \_\_\_\_\_

Previous Volunteer experience (including dates, locations and duties) \_\_\_\_\_

\_\_\_\_\_

Clubs and Organizations to which you belong \_\_\_\_\_

\_\_\_\_\_

***IN CASE OF EMERGENCY, contact:***

\_\_\_\_\_  
Name Phone Relationship

PHYSICIAN'S NAME \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



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**REFERENCES: Please Provide Two References Who We May Contact (Not family members or peers)**

Examples of appropriate references would be a teacher, guidance counselor, community leader, religious instructor, employer, coach, youth group leader or neighbor who you have assisted or worked for.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known him/her?: \_\_\_\_\_

Street/City Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known him/her?: \_\_\_\_\_

Street/City Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**DAYS AND TIMES YOU MAY BE ABLE TO VOLUNTEER**

<b>MONDAY</b>
<b>TUESDAY</b>
<b>WEDNESDAY</b>
<b>THURSDAY</b>
<b>FRIDAY</b>
<b>SATURDAY</b>
<b>SUNDAY</b>

Number of hours you are interested in volunteering each week \_\_\_\_\_

The information I provided on this application is accurate and complete to the best of my knowledge. By submitting an application, I understand that I am not obligated to volunteer at Apex Rehabilitation & Healthcare, nor is Apex Rehabilitation & Healthcare obligated to accept me as a volunteer. I understand that I will need an interview, orientation and medical clearance before I can be considered for acceptance as a volunteer.

I understand that in the performance of my duties as a volunteer, I am required to have access to and am involved in resident information. I understand that I am obliged to maintain the confidentiality of this information at all times, both when acting as a volunteer and when off duty. I understand that a violation of this confidentiality may result in termination of my volunteer position.

As a Junior Volunteer I agree that I will serve regularly as assigned, accept supervision gracefully, and agree to abide by all rules and policies of the facility.

Junior's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_