



Weill Cornell Medicine

Human Resources

Volunteer Application

Weill Cornell Medicine or the Weill Cornell Graduate School of Medical Sciences (WCGSMS) may accept the unsalaried services performed by a volunteer on behalf of Weill Cornell Medicine or WCGSMS. Any services provided by the designated volunteer are subject to the prior approval of Weill Cornell Medicine or WCGSMS, and are subject to the oversight of a designated Cornell employee.

Weill Cornell Medicine strives to minimize risks and provide a safe work environment. **However, a volunteer is not eligible for any employee benefits or for Workers' Compensation. In addition, Weill Cornell Medicine bears no responsibility in case of an accident or health problem encountered in connection with performance of volunteer activity. A volunteer is financially responsible for all medical or other expenses related to any injury or illness suffered as a result of volunteer activities.**

A volunteer is subject to Cornell University, Weill Cornell Medicine and WCGSMS rules and policies, as well as the laws of the United States, New York City and State and any applicable regulations. If a volunteer violates any of these rules and policies, or if Weill Cornell wishes to dismiss a volunteer for any reason in its sole discretion, Weill Cornell retains the right to immediately dismiss them without prior notice.

All Weill Cornell Volunteers must be at least 15 years of age. Volunteer's must complete an application for volunteer service and submit it to an appropriate Weill Cornell Medicine Supervisor. In addition, a Volunteer Request and Release Form must be completed and signed by the Volunteer and Supervisor. If the request is for a period of less than three months, a Health Assessment Form must be completed by a licensed health care provider and submitted with the application. The completed documents must be approved by the relevant Department Chair, Vice Provost, Associate Provost, Associate Dean or Designee and be submitted to Human Resources for review and approval. This form includes:

1. The volunteer's name, address and signed agreement, which states the provisions under which he/she may perform volunteer duties.
2. The time period of voluntary service.
3. A brief description of the duties to be performed.
4. The name of the individual directing the activities of the volunteer, and
5. The location or locations where the volunteer duties are to be performed.

All forms described above should be completed and submitted to Human Resources for review and approval.

Medical Clearance Guidelines

Medical Clearance is based on a volunteer's length of service.

All Volunteers with an assignment less than four weeks (30 days or less): Departments must submit an Immune Assessment Form, completed by the volunteer's primary care provider, along with their Volunteer Application. (Page8) No fee is required.

Non-Physician Volunteers with an assignment between four weeks and three months (31 to 90 days): Departments can submit a Non- Physician Visitor Attestation of Medical Fitness Form, completed and signed by the volunteer's primary care provider, along with the Volunteer Application. Workforce Health and Safety(WH&S) will charge a \$25.00 fee for reviewing each Attestation form. (Note that WH&S will not accept any substitute medical documentation)

Physician Volunteers with an assignment between four weeks and three months (31 to 90 days): Departments can submit a Physician Attestation of Medical Fitness to Provide/Observe Patient Care Form, which allows visiting physician observers who will not have direct patient care or prescribe medications at WCM to complete and sign the attestation form. WH&S will charge a \$15.00 fee for reviewing each Attestation form.

If the volunteer cannot provide a Medical Attestation Form, the department can submit a Volunteer Application and a Payment Requisition Form, personal check or money order for \$200 for a physical through WH&S.

Any volunteer who wishes to serve for more than three months will need to be medically cleared by WH&S. **Please note that a volunteer located in Joint Commission Space or Article 28 space will need to be medically cleared by WH&S before volunteer services begin.** A volunteer who will be here for more than three month and is not located in Joint Commission Space, will be scheduled for a health assessment with WH&S after his/her start date. The department should include a Payment Requisition for \$200 for the Volunteer to be seen by WH&S. The volunteer can also submit a personal check or money order for this amount via mail or in person to 575 Lexington Ave, suite 670 prior to the start date.

The completed Application for Volunteer Service, Health Assessment Form or a Payment Requisition Form, if appropriate, should be submitted by the Department to Human Resources at hr-volunteers@med.cornell.edu.

Upon approval, an e-mail notification will be sent to the department with instructions for the volunteer to obtain an identification badge and complete the required HIPAA and Fire Safety trainings. Other safety training(s) may be required based on the specific volunteer work being conducted (e.g., laboratory safety).

A CWID will be generated for all volunteers who register for the trainings.

Application for Volunteer Service

Name (Last, First, Middle Initial):			Date of Birth:
Local Address (Street, Apt Number):	City, State:	Zip Code:	Home or Mobile Number:
Permanent Address (Street, Apt Number):	City, State (or foreign country):	Zip Code:	E-mail Address:
Volunteer Interests (please document):			
WCM/WCGSMS Supervisor/Advisor: _____			
Department/Division: _____ Room #: _____ Telephone Extension: _____			
<p>Are you a student? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES:</p> <p>(a) Please indicate your academic affiliation: _____</p> <p>(b) Status: <input type="checkbox"/> Undergraduate --- (<i>please select one</i>):</p> <div style="display: flex; justify-content: space-around; margin-left: 40px;"> <div><input type="checkbox"/> FRESHMAN</div> <div><input type="checkbox"/> JUNIOR</div> </div> <div style="display: flex; justify-content: space-around; margin-left: 40px;"> <div><input type="checkbox"/> SOPHOMORE</div> <div><input type="checkbox"/> SENIOR</div> </div> <p style="margin-left: 40px;"><input type="checkbox"/> Graduate</p> <p>(c) Are your volunteer activities part of a formal program? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(d) If YES, please provide program name: _____</p>			
Education Information (please check highest attained)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Grade School/ High School Highest Year _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Ph.D.* </div> <div style="width: 50%;"> <input type="checkbox"/> High School Diploma </div> <div style="width: 50%;"> <input type="checkbox"/> D.V.M.* </div> <div style="width: 50%;"> <input type="checkbox"/> Associate's Degree </div> <div style="width: 50%;"> <input type="checkbox"/> M.D.* </div> <div style="width: 50%;"> <input type="checkbox"/> Bachelor's Degree </div> <div style="width: 50%;"> <input type="checkbox"/> D.D.S. or D.M.D.* </div> <div style="width: 50%;"> <input type="checkbox"/> Registered Nurse </div> <div style="width: 50%;"> <input type="checkbox"/> D.O.* </div> <div style="width: 50%;"> <input type="checkbox"/> Master's Degree </div> <div style="width: 50%;"> <input type="checkbox"/> M.D./Ph.D.* </div> <div style="width: 50%;"> <input type="checkbox"/> Other Non-Medical Degree (please specify) _____ </div> </div>			
<p>*Please indicate school/ hospital affiliation for degree(s) with * _____</p>			

Volunteer Request and Release Form

Part A - To be completed by all Volunteers:

1. Rules Governing activities of volunteers:

a. You agree that your participation is entirely voluntary.

b. You, on behalf of yourself, your agents, your heirs, representatives, executors or administrators, hereby release, indemnify and hold harmless Cornell University, Weill Cornell Medicine, WCGSMS, its officers, agents and employees from any and all liability, damages, claims of any nature whatsoever arising out of or in any way related to your volunteer duties. Cornell University bears no responsibility in case of an accident or health problem which you may encounter as a result of activities carried out in connection with your volunteer activity or otherwise.

c. **You understand that Cornell University, Weill Cornell Medicine, WCGSMS, do not provide any Accident or Medical Insurance and that you are required to provide your own Accident and Medical Insurance.** You hereby agree that you are financially responsible for all such expenses. You are not covered by **any** employee benefit plans or by Workers' Compensation.

d. You understand that all volunteers are subject to Cornell University, Weill Cornell Medicine and WCGSMS rules and policies as well as the laws of the United States, New York City and State and any applicable regulations. In the event of a violation of any of these, or for any behavior which is considered to be detrimental to students, patients, or any Cornell personnel, or to the department, the University, Weill Cornell Medicine, WCGSMS, or the Medical Center, or for any reason in its sole discretion, Cornell retains the right to immediately dismiss you as a volunteer without prior notice. You do not have a formal appointment to any Cornell department.

e. The duties outlined by the Department Chair, Vice Provost, Associate Dean or Designee of the Department in which you will be performing voluntary activities shall be a part of this agreement and release. Cornell's Indemnification Policy, which provides indemnification for claims brought by third parties, provides coverage for "volunteers, but only while acting at the specific prior request of an authorized official of the University to perform unsalaried services on behalf of the University."

2. Disclosure of Risks and Safety Requirements

Volunteering in a laboratory or in a medical environment may involve significant risks. These risks include the possibility of exposure to toxic chemicals, the possibility of exposure to radioactive materials or radiation, the possibility of exposure to infectious agents and the possibility of exposure to human blood or other bodily fluids which might contain infectious agents including HIV, the virus which causes AIDS. The nature of research also involves study of unknown or poorly understood conditions and unanticipated risks may exist.

As long as you are volunteering at Weill Cornell Medicine, you are required to strictly adhere to all safety regulations. If you have any questions regarding safety, you should promptly contact the Office of Environmental Health and Safety at 646-962-7233.

If you cannot provide acceptable evidence to the New York Presbyterian Hospital Workforce Health and Safety Clinic of immunity to or immunization against designated communicable diseases (i.e., measles, mumps, rubella, varicella), you will be required to receive immunizations appropriate for your assignment prior to beginning your volunteer services. If you refuse immunizations for measles or rubella, you will be unable to perform any activities in a clinical setting. If your job involves exposure to human blood or other body fluids then immunization against hepatitis B is required. If you decline to receive hepatitis B vaccination, you will be required to sign a statement to that effect.

Weill Cornell Medicine and the New York Presbyterian Hospital will not be responsible for any injury or exposure to toxic, hazardous or infectious materials which you may sustain while working here. If you are injured or exposed to dangerous materials while working at the Medical College you will be offered emergency medical care but you will receive no compensation for your injuries and will be responsible for all medical care cost.

Please indicate your awareness and acceptance of these terms and conditions by completing and signing this Form and returning it to your Weill Cornell Medicine or WCGSMS supervisor before beginning any volunteer duties.

Name of Volunteer (please print):	
Volunteer Signature:	Date:

Emergency Contact			
Name:		Relationship:	
Address (Street, Apt Number):	City, State:	Zip Code:	Home or Mobile Number:

If the volunteer is under 18 years of age, this document must be co-signed by a parent or legal guardian:

Name of Parent or Legal Guardian (please print):			
Address of Parent or Legal Guardian (Street, Apt Number):	City, State:	Zip Code:	Home or Mobile Number:
Parent or Legal Guardian Signature:			Date:

Part B. - To be completed by Supervisor and Department Chair or Associate Dean:

Volunteer Name: _____ Work Location: _____

Period of volunteer service from ____ / ____ / ____ to ____ / ____ / ____

PLEASE INDICATE VOLUNTEER'S PROPOSED SCHEDULE WHILE ON WCM PREMISES:**SAMPLE**

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
9:00am to 5:00pm	Off	12:00pm to 4:30pm	Off	12:00pm to 4:30pm

VOLUNTEER'S SCHEDULE: (PLEASE COMPLETE)

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

Check off all activities to be performed by the volunteer and provide a detailed description for each activity on the following page:

<input type="checkbox"/>	Clerical/ Computer Data Entry/ Data Compilation & Analyses
<input type="checkbox"/>	Library Research/ Medical Record Research/ Record
<input type="checkbox"/>	Patient Contact - In-person/ Over the phone
<input type="checkbox"/>	Observing Laboratory Work/ Conducting Laboratory Work
<input type="checkbox"/>	Observing Patient Care
<input type="checkbox"/>	Attendance in Meeting
<input type="checkbox"/>	Counseling

YES NO**Will the volunteer have patient contact in person?**☐ ☐**Will the volunteer be physically located in New York Presbyterian Hospital space subject to Joint Commission regulation?**☐ ☐

If **YES** to either of these questions, the volunteer filling this position will be required to take and pass a drug toxicology screen as part of the physical conducted by the medical staff of the Workforce Health and Safety Clinic. This testing must be completed prior to volunteering at Weill Cornell Medicine.

Will the volunteer be physically located in a clinical laboratory setting?☐ ☐**Will the volunteer be physically located in a research laboratory setting?**☐ ☐**Will the volunteer be physically located in a patient care setting (not subject to Joint Commission requirements)?**☐ ☐**Weill Cornell Medicine employee/faculty member supervising Volunteer:**

Name (please print) _____ Signature _____ Date _____

Department/Division/Office of _____ Phone Number _____

Department Chair, Vice Provost, Associate Dean, or Designee:

Name (please print) _____ Signature _____ Date: _____

Description of Activities, Part B. - Continued

Volunteer Name: _____ Work Location: _____

Please provide a detailed description for each activity the volunteer is expected to perform:

Clerical/ Computer Data Entry/ Data Compilation & Analyses:

Library Research/ Medical Record Research/ Record Research/ Writing, Editing

Patient Contact - In-person/ Over the phone

Observing Laboratory Work/ Conducting Laboratory Work (Please specify, if working with Animals.)

Observing Patient Care

Attendance in Meeting

Counseling