



**VOLUNTEER**

**Application Packet**

# Instructions/Requirements

1. **Page 4:** Volunteer Application
2. **Page 5:** Complete the Reference Checking Authorization form providing three (3) references that we may contact, please note that the references cannot be relatives.
3. **Page 6:** Write a brief 150-200 word essay about why you want to participate in our volunteer program.
4. **Page 7: Minors (under 18 only).** Have a parent or guardian read and sign the "PARENTAL/GUARDIAN CONSENT AGREEMENT AND CONTRACT" (Page 6).
5. **Pages 8-9: Student Volunteers Only.** Distribute and have returned to you:
  - a. "DOCUMENTATION OF GPA" (Page 8)
  - b. Two "LETTER OF REFERENCE FORMS" (Pages 9 & 10)

Documents to be completed by your Primary Care Physician:

- Staff, Volunteer, and Household Member Medical Statement (form provided by Daystar)
- Job Description – Physical Demands with Physician's Signature (form provided by Daystar)
- PPD Verification
- Immunization History (must include immunizations listed on next page.)
- Up-to-date Flu Vaccination

For any questions regarding Daystar's Volunteer Services, please contact the Office Manager at 585-385-6287 ext. 0



According to the *Center for Disease Control and Prevention*, healthcare workers are at risk for exposure to serious, and sometimes deadly, diseases. If you work directly with patients or handle material that could spread infection, you should get appropriate vaccines to reduce the chance that you will get or spread vaccine-preventable diseases. Protect yourself, your patients, and your family members.

Daystar requires Volunteer to maintain up-to-date vaccinations:

Vaccines:

Recommendations in Brief:

Hepatitis B	<p>If you don't have documented evidence of a complete HepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B, then you should:</p> <ul style="list-style-type: none"> <li>• Get the 3-dose series (dose # 1 now, #2 in 1 month and #3 approximately 5 months after #2.</li> <li>• Get anti-HBs serologic tested 1-2 months after dose #3.</li> </ul>
Flu (Influenza)	Get 1 dose of influenza vaccine annually.
MMR (Measles, Mumps & Rubella)	If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles, mumps and rubella, get 2 doses of MMR, 4 weeks apart.
Varicella (Chickenpox)	If you have not had chickenpox (varicella), if you haven't had the varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella, get 2 doses of varicella, 4 weeks apart.
Tdap (Tetanus, Diphtheria and Pertussis)	<p>Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously.</p> <p>Get TD Boosters every 10 years thereafter.</p> <p>Pregnant Healthcare Workers need to get a dose of Tdap during each pregnancy</p>

To learn more about these diseases and the benefits and potential risks associated with the vaccines, read the Vaccine Information Statements (VIS) on [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) Monroe County offers free vaccinations, please find information on the website below:

[https://www.health.ny.gov/diseases/communicable/hepatitis/adult\\_hepatitis\\_vaccine\\_program.htm](https://www.health.ny.gov/diseases/communicable/hepatitis/adult_hepatitis_vaccine_program.htm)

<https://www2.monroecounty.gov/health-index.php>



# VOLUNTEER APPLICATION

*Daystar Kids is an Equal Opportunity Employer and complies with laws which prohibit discrimination against any applicant for employment because of race, color, religion, gender, age, national origin, disability, marital or parental status, veteran status, or any other characteristic protected under federal, state, or local laws.*

APPLICANT'S INFORMATION			
Last Name:	First:	Middle:	Social Security #:
Nickname:		Date of Birth:	
Street address:		P.O. Box:	
City:	State:	Zip Code:	Home phone : ( )
Email:	Work Phone: ( )	Cell Phone: ( )	

POSITION	
Position or Type of Work Desired: <b>Volunteer</b>	Days Available: M T W TH F
Date available to start:	Times Available: From _____ am to _____ pm
How did you hear about Daystar?	
<b>Adult Applicants Only:</b> Have you ever been convicted of a crime (other than a traffic violation)?: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:	
Do you have any health concerns or physical limitations that you would like us to know about; are you able to lift 50 pounds?	

EDUCATION HISTORY		
School	Name & Address of School	Diploma/Degree/Course of Study
High School		
College		
Other Special Training		

VOLUNTEER HISTORY			
Employer:	From (date): To (date):		
Street address:	Supervisor Name:	Position:	
City:	State:	Zip Code:	Phone : ( )
Description of Primary Responsibilities:			

Employer:	From (date): To (date):		
Street address:	Supervisor Name:	Position:	
City:	State:	Zip Code:	Phone : ( )
Description of Primary Responsibilities			

I certify that the information contained in this application is correct to the best of my knowledge. In consideration for a volunteer position, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. I also acknowledge that my position may be terminated, or any offer of volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature:	Date:
Parent Signature: (required if applicant is under the age of 18)	Date:



## REFERENCE CHECK AUTHORIZATION

All information provided by me as part of my application for volunteering is accurate and true to the best of my knowledge. I also authorize Daystar to access records of criminal background inquiries, public records and public record databases. I understand that the information and opinions obtained by Daystar may include favorable and unfavorable material. I knowingly and voluntarily release each of my references listed below from any and all claims and liabilities, including but not limited to claims for defamation, retaliation, discrimination, damages, costs and attorney's fees, which have arisen or may arise in the future related to information and opinions provided to Daystar.

### Reference #1

_____	_____
Name	Phone
_____	_____
Address	City/State
_____	_____
Zip Code	E-mail address
_____	_____
Organization or Affiliation	Relationship

### Reference #2

_____	_____
Name	Phone
_____	_____
Address	City/State
_____	_____
Zip Code	E-mail address
_____	_____
Organization or Affiliation	Relationship

### Reference #3

_____	_____
Name	Phone
_____	_____
Address	City/State
_____	_____
Zip Code	E-mail address
_____	_____
Organization or Affiliation	Relationship



# ESSAY OF INTENT

I, (NAME) \_\_\_\_\_, am applying for the Volunteer program with Daystar. Below (or stapled to this "Essay of Intent") is my brief and to-the-point 150-200 word essay explaining why I want to participate as a student in the volunteer program. By signing this document I verify the following:

- ❖ I understand that writing and submitting this Essay does not guarantee that I will be accepted as a volunteer.
- ❖ I understand that this Essay is an important part of the application process because it allows me to explain how volunteering will help me attain my personal goals.
- ❖ The thoughts and words written below are my own and were not plagiarized, dictated or written by someone other than myself.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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## PARENTAL/GUARDIAN CONSENT AND AGREEMENT

Your son/daughter has expressed an interest in becoming a Volunteer at Daystar. Your support and acceptance during the pre-screening process is crucial. Please review and accept the following program requirements:

1. Your son/daughter is or will be at least 16 years of age by the time he/she begin volunteering at Daystar.
2. Your son/daughter volunteers with your approval and support.
3. You are aware that your son's/daughter's volunteer activities may include contact with children who may be ill.
4. Both you and your son/daughter understand that volunteering is his/her responsibility and should be taken seriously.
5. He/she agrees to attend his/her agreed-upon volunteer shift in the position they have been assigned.
6. He/she must follow all rules and regulations established and maintain regular attendance.
7. In the event that your son/daughter must miss a scheduled day, he/she is responsible for calling and notifying Daystar as soon as possible.
8. Your son/daughter is at Daystar for his/her volunteer role for the duration of his/her scheduled shift and shall not be permitted to leave Daystar during his/her assignment.
9. Excessive socializing on the premises may result in dismissal from volunteer services. This includes but is not limited to visits from friends/family and cell phone use.
10. It is the duty of the parent/guardian to assume overall transportation coordination to and from Daystar.
11. Your son/daughter must adhere to all of Daystar's personnel policies including, our dress and personal hygiene policy (attached). Failure to abide by this policy will result in being sent home until proper dress has been attained.
12. Daystar reserves the right to dismiss your son's/daughter's services if the action is in the interest of Daystar. Dismissal could be a result from failure to comply with rules and regulations, absenteeism, and/or failure to observe the dress code or other Daystar values.

As the parent/guardian of \_\_\_\_\_, I understand; have no questions or need of clarifications, and agree to support my son/daughter with the above Student Volunteer Program requirements.

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Parent/Guardian Signature

Date

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Student Volunteer Signature

Date



## DOCUMENTATION OF GPA

(To Be Completed by the School Counselor, Career Advisor, Registrar)

Dear School Counselor, Career Advisor, or Registrar,

\_\_\_\_\_ has applied for the Daystar Kids volunteer program.  
A core requirement for students to participate in our program is a cumulative "B" (82%) GPA or higher.

Please complete the following information as soon as possible and return to the applying student.

Your Name: \_\_\_\_\_

Your Title/Position: \_\_\_\_\_

School: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

I hereby verify that the above-mentioned student's cumulative GPA is \_\_\_\_\_.

\_\_\_\_\_  
Signature of School Counselor/Advisor/Registrar

\_\_\_\_\_  
Date

Thank you for assisting this student in his/her process of being considered  
for placement with Daystar Kids.  
If you have any questions, please contact the Office Manager at 585-385-6287





**LETTER OF REFERENCE FORM**  
(To Be completed by a School Employee\*)

\_\_\_\_\_ has applied for Daystar's Student Volunteer Program. In order to make an informed decision about the applicant's ability to volunteer, please complete this letter of reference and return it to the applying student.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

How long have you personally known the applicant: \_\_\_\_\_

How well do you know the applicant? \_\_\_\_ Very Well \_\_\_\_ Well \_\_\_\_ Casually \_\_\_\_ Other

Please check the following:

<u>Qualities/Characteristics</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Attendance/Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(Feel free to provide additional comments on reverse side)**

Signature of Reference: \_\_\_\_\_

Print Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_ School: \_\_\_\_\_

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



**LETTER OF REFERENCE FORM**  
(To Be completed by a School Employee\*)

\_\_\_\_\_ has applied for Daystar's Student Volunteer Program. In order to make an informed decision about the applicant's ability to volunteer, please complete this letter of reference and return it to the applying student.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

How long have you personally known the applicant: \_\_\_\_\_

How well do you know the applicant? \_\_\_\_ Very Well \_\_\_\_ Well \_\_\_\_ Casually \_\_\_\_ Other

**Please check the following:**

<u>Qualities/Characteristics</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Attendance/Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(Feel free to provide additional comments on reverse side)**

Signature of Reference: \_\_\_\_\_

Print Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_ School: \_\_\_\_\_

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