

Richmond University Medical Center

Department Volunteer Request Form

Thank you for helping RUMC to grow its volunteer program by providing an opportunity in your department. Please complete this form so your volunteer opportunity can be posted to our website to recruit and match interested volunteers that best fit your needs.

1. Department Name: cardiac cath lab
2. Location: 355 Bard Ave 1st Floor
3. Minimum number of hours/days per week the volunteer will be needed:
5 hrs per day 5 days a week
4. How many volunteers are you requesting? 1
5. Does your department have a workstation (i.e. desk, computer, phone, etc.) available for your volunteer? Yes No
6. Would the volunteer(s) be able to complete their tasks remotely (i.e. conducting research, etc.) and will they need access to the RUMC online network?
 Yes No
7. What day(s) would you prefer for your volunteers (check all that apply):
 Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday
8. What time of the day do you prefer?
 Mornings Afternoons Evenings
9. Name and contact information of person who will supervise the volunteer:
Name: Sara Vivona
Title: Office manager

Email: SVNON@rumcsi.org

Phone: (718) 818-1431

10. (PLEASE TYPE THIS SECTION or PROVIDE IN THE BODY OF YOUR EMAIL)

Please provide a detailed description of the volunteer opportunity. Include tasks, responsibilities, and any additional information that will make your opportunity attractive to volunteer candidates. Please also include any special requirements that may be needed for a volunteer to help in your department (example: PPE must be worn, business attire, scrubs, patient interaction, etc.). You may use the space below or attach a separate description.

Emptying supply boxes and putting
away supplies in designated areas.

Strip and wipe down stretchers + wires.

put laundry cart away.

shadow providers to help with daily
operations.

patient transport. moving equipment.

create powerpoint presentation.