

For Office Use Only: Application Rec'd: _____ c/s _____ Appt. _____ Time _____ With _____

Which NewYork-Presbyterian campus are you applying to?

- Allen Hospital (campus locations are listed on page 5)
- Columbia University Medical Center
- Morgan Stanley Children's Hospital
- Weill Cornell Medical Center
- Westchester Division
- Lower Manhattan Hospital

PERSONAL INFORMATION

Name	Last	First	Middle	Social Security (last 4 digits only) xxx-xx-
Address	Street & No.	Apt. #	City/Town	State Zip
Home Telephone No.	Work Telephone No.	Cell Phone No.	Email:	
Have you ever volunteered at NewYork-Presbyterian Hospital? When? What Department? Why did you leave? YES NO				
IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?				
Name:		Relationship:		Phone:
Are you 18 years of age or older? YES NO If you are under 18, your parent or guardian's signature is required. See page 3.				

TELL US ABOUT YOURSELF

Day(s) you are available to volunteer?	What area are you most interested in? Direct Care/Patient Contact Administrative/Clerical
Time(s) you are available:	What population would you like to work with? (check all that apply) Children Teens Adults Seniors No Preference
What departments or programs are you most interested in?	Do you speak another language? YES NO If yes, what language?
Have you ever been convicted of a crime (s), misdemeanor (s) or felony? YES NO If yes please give date (s) and details: _____ _____ _____	Who referred you to us? _____ Do you have any physical, mental or medical condition, which would limit your ability to perform functions of a volunteer job? YES NO If yes, please describe: _____ _____ _____
Please note: Disclosure of a criminal record will not automatically disqualify you from volunteer consideration. Additionally, falsification or omission of information on this application may result in immediate dismissal.	

Are you volunteering for the summer only? YES NO

Summer Only Application Deadline:

March 31st

If you are only volunteering for the summer you must commit to volunteering for at least 15 hours each week for 8-10 weeks.

⇒ Please Go To Next Page. ⇒

EMPLOYMENT OR VOLUNTEER EXPERIENCE INFORMATION

Please list any work and/or volunteer position(s) you have held. Include company/institution and supervisor's name. Please list most current positions first.

If you have never worked or volunteered in past, please go to the next section.

Employer/Volunteer Org.	From	To	Position and Duties	Reason for leaving
Company or Organization Name			Position:	
Address	City and State:		Duties:	
Name and Title of Supervisor	Telephone:		May we contact him/her? YES NO	

Employer/Volunteer Org.	From	To	Position and Duties	Reason for leaving
Company or Organization Name			Position:	
Address	City and State:		Duties:	
Name and Title of Supervisor	Telephone:		May we contact him/her? YES NO	

*If you have never worked or volunteered please list one academic or non-personal reference (i.e. teacher, guidance counselor, pastor, rabbi, etc.):	
Name:	Relationship (i.e. teacher, pastor, etc.):
Phone Number:	*Your reference cannot be someone you are related to.

EDUCATION INFORMATION

<p>If you are currently in high school, please tell us what school do you attend?</p> <p>Major/Concentration:</p> <p>School Location:</p>	<p>What grade are you in?</p> <p>What is your average (i.e. A, 3.0, 85%, etc.)?</p>
<p>What college or university do or did you attend?</p> <p>Major:</p> <p>School Location:</p> <p>Did you graduate? YES NO GPA</p> <p>Graduation Date (actual or anticipated)</p> <p>Degree Received</p>	<p>Other schooling, certifications or licenses?</p> <p>School:</p> <p>Certificate, License, Degree:</p> <p>School:</p> <p>Certificate, License, Degree:</p>
<p>Are you required to volunteer? YES NO</p> <p>If yes, what is the reason?</p> <p>What are the requirements (i.e. hours, type of placement)?</p>	<p>Will this be a field placement for you? Yes No</p> <p>If yes, Course Title: Credits</p> <p>Professor's Name:</p> <p>Telephone Number:</p>

⇒ Please Go To Next Page. ⇒

PERSONAL STATEMENT

In a brief paragraph please describe why you are interested in volunteering at NewYork-Presbyterian Hospital:

- I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me, or will cause immediate termination of my volunteer assignment. I authorize NewYork-Presbyterian Hospital's Volunteer Services Department to fully investigate my references.
- I understand that in accordance with New York State law, if I am offered a volunteer position, I may be fingerprinted and that such offer and continued volunteer placement are conditional upon satisfactory clearance by this institution's Workforce Health and Safety Department, which includes drug testing and satisfactory reference verification.
- I hereby agree that I will keep confidential all materials I may read or learn about during my work here as a volunteer. In this regard, I will only discuss this information with appropriate staff and will never, under any circumstances, reveal the name of a patient. If I keep a journal or write a term paper of my experiences, I agree to submit a copy of this written material upon the request of my clinical supervisor or the of Volunteer Services Department in order to protect the confidentiality and legal rights of the patients.

My name typed below will stand as my signature, confirming the completeness and accuracy of the information I provided above, and will carry the same force and effect as if it were signed and affixed by my hand.

Signature: _____ Date: _____

Parent or other legal representative must sign if applicant is under 18 years of age.

Parent Signature _____ Date: _____

PLEASE NOTE THAT THIS APPLICATION AND CHARACTER REFERENCE FORM MUST BE THOROUGHLY COMPLETED IN ORDER TO BE CONSIDERED

VOLUNTEER CHARACTER REFERENCE

NOTE: THIS FORM MUST BE COMPLETED & SUBMITTED ALONG WITH YOUR APPLICATION AS ONE PACKET. NO APPLICATIONS WILL BE REVIEWED WITHOUT A COMPLETED VOLUNTEER CHARACTER REFERENCE FORM .

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant Name:

Contact Phone #:

Email Address:

I authorize NewYork-Presbyterian Hospital, or any agent it expressly authorizes to act on its behalf, to investigate fully all the information and references contained on my application for a volunteer position. I release my current employer as well as former employees and other appropriate references from any liability and responsibility for providing written or verbal information about me to NewYork-Presbyterian Hospital.

My name typed below will stand as my signature, confirming the completeness and accuracy of the information I provided above, and will carry the same force and effect as if it were signed and affixed by my hand.

Signature:

Date:

SECTION 2: TO BE COMPLETED BY REFERENCE (Family members should not act as a reference)

Name:

Telephone:

Email:

- How long have you known the applicant?
- In what role? Professional Personal Academic Other
- Below, please evaluate the applicant in the following categories:

Evaluation Rating	Excellent	Above Average	Average	Needs Improvement	Not Applicable
Attendance/Punctuality					
Cooperation/Attitude					
Customer Service					
Dependability					
Initiative					
Quality of Work					

Professional references, please answer questions 4 & 5. If not, please proceed to question 6:

- Please indicate his/her job title and dates of employment:
- Would you rehire: Yes No If no, please explain:
- Do you have any additional information that would help us evaluate this candidate?

My name typed below will stand as my signature, confirming the completeness and accuracy of the information I provided above, and will carry the same force and effect as if it were signed and affixed by my hand.

Reference Signature

Date

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Where do I send my application?

Please send your application to the campus for which you wish to apply.

You can return your application by email, postal mail, or fax.

<p>NYP/Allen Hospital Volunteer Services Department 5141 Broadway, 1 Center West - Rm 011 New York, NY 10034 Email: tahvolunteer@nyp.org Fax: (212) 932-6056</p>	<p>NYP/Morgan Stanley Volunteer Services Department 622 West 168th Street, PH2 Room 202 New York, NY 10032 Email: morganstanleyvolunteer@nyp.org Fax: (212) 305-8911</p>
<p>NYP/Columbia Volunteer Services Department 622 West 168th Street, PH 2 Room 202 New York, NY 10032 Email: columbiavolunteer@nyp.org Fax: (212) 305-8911</p>	<p>NYP/Weill Cornell Volunteer Services Department 525 East 68th Street, J-144 New York, NY 10065 Email: weillcornellvolunteer@nyp.org Fax: (212) 746-8294</p>
<p>NYP/Lower Manhattan Volunteer Service Department 170 William Street New York, NY 10038 Email: lowermanhattanvolunteer@nyp.org Fax: (646) 292-9588</p>	<p>NYP/Westchester Volunteer Services Office 21 Bloomingdale Road White Plains, NY 10605 Email: westchestervolunteer@nyp.org Fax: (914) 682-6909</p>