

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

Which NewYork-Presbyterian campus are you applying to?

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

Summer 2017 Only

Application will only be considered when submitted
between January 1, 2017 and March 31, 2017

A commitment of at least 120 hours for 8-10 weeks is required.

PERSONAL INFORMATION

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

TELL US ABOUT YOURSELF

Day(s) and Time (s) you are available to volunteer? Please be specific:	What area are you most interested in? Direct Care/Patient Contact <input type="radio"/> Administrative/Clerical <input type="radio"/>
<hr/> <hr/> <hr/>	What population would you like to work with? (check all that apply) Children <input type="checkbox"/> Teens <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> No Preference <input type="checkbox"/>
What departments or programs are you most interested in? List specific, refer to campus opportunities on website: <hr/> <hr/> <hr/>	Do you speak another language(s)? YES <input type="radio"/> NO <input type="radio"/> If yes, what language(s)? <hr/>
Do you have any physical, mental or medical condition, which would limit your ability to perform functions of a volunteer job? YES <input type="radio"/> NO <input type="radio"/> If yes, please describe: <hr/> <hr/> <hr/>	Who referred you to us? <hr/>

⇒ 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 <input type="radio"/> NO <input type="radio"/>	

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 <input type="radio"/> NO <input type="radio"/>	

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/university do or did you attend?</p> <p>Major:</p> <p>School Location:</p> <p>Did you graduate? YES <input type="radio"/> NO <input type="radio"/></p> <p>Graduation Date: _____ GPA: _____</p> <p>Degree completed:</p> <p>Expected/Anticipated Graduation date:</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 <input type="radio"/> NO <input type="radio"/></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? <input type="radio"/>Yes <input type="radio"/>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:

Please read the following statements carefully, as they represent matters of importance to you and to NewYork-Presbyterian Hospital in connection with this volunteer application. After you have read the form in its entirety, please sign below.

I understand and agree that:

- The information provided in this application, in my resume (if supplied) and during my interview(s) is true and complete to the best of my knowledge. I understand that any false or misleading statements on this application, on my resume, on any prescreening documents or in my interview(s) will justify refusal of volunteer status or, if I am hereafter on boarded by NewYork-Presbyterian Hospital, termination of my volunteer status.
- NewYork-Presbyterian Hospital may verify all of the information that I have provided on this application and I release NewYork-Presbyterian Hospital and its representatives from liability for seeking such information and I release from all liability whatsoever any and all persons, institutions, business entities, and corporations providing NewYork-Presbyterian Hospital with such information. I further agree to sign whatever consent forms may be necessary to permit NewYork-Presbyterian Hospital to verify all of the information that I have provided in this application.
- I understand that falsification or omission of information on my application may result in my immediate dismissal.
- I understand that in accordance with New York State law, if I am offered a volunteer opportunity I will be fingerprinted and that such offer and continued volunteering are conditional upon satisfactory clearance by the Hospital's Workforce Health & Safety Department, which includes drug testing, and satisfactory reference verification and other general information provided on this volunteer application. I understand that if I am offered a volunteer opportunity, my volunteering will be "at will," meaning that either I or NewYork-Presbyterian Hospital may end the volunteer relationship for any lawful reason, at any time, with or without notice.

In consideration of any volunteer opportunity which may be offered to me, I agree to comply with the policies, rules, regulations and procedures of 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: _____

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

Parent Signature _____ Date: _____

VOLUNTEER CHARACTER REFERENCE

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

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation/Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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:** _____

Where do I send my application?

Please send your application to the campus you want to work at.

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>