

For Office Use Only
Date Received: _____
Mode: _____
Int. Date: _____
Time: _____ With: _____
WHS Date/Time: _____

Volunteer Services Application

Visit us at nyp.org/volunteer

Please select the NewYork-Presbyterian Hospital campus to which you wish to apply.
See page 5 for exact campus locations.

- Columbia University Irving Medical Center – New York, NY
- Lawrence Hospital – Bronxville, NY
- Lower Manhattan Hospital – New York, NY
- Morgan Stanley Children’s Hospital – New York, NY
- The Allen Hospital – New York, NY
- Weill Cornell Medical Center – New York, NY
- Westchester Division – White Plains, NY

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 Telephone		Email	
Have you ever volunteered at NewYork-Presbyterian Hospital? When? What department? Why did you leave?					
<input type="radio"/> YES <input type="radio"/> NO					
IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?					
Name:		Relationship:		Telephone:	
Are you 18 years of age or older? <input type="radio"/> YES <input type="radio"/> NO					
If you are 16 or 17 years of age, your parent or guardian's signature is required. See page 3.					
Please note: YOU MUST BE A MINIMUM OF 16 YEARS OF AGE TO APPLY.					

Tell us about yourself

What days/times you are available to volunteer? Please be specific. Minimum of four consecutive hours per week. _____ _____	Area(s) of preference: <input type="radio"/> Direct Care/Patient Contact <input type="radio"/> Administrative/Clerical
In order of preference, list departments/programs that most interest you. See campus-specific opportunities at nyp.org/volunteer . 1. _____ 2. _____ 3. _____	With which population would you like to volunteer? (check all that apply) Children Teens Adults Seniors No Preference <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Do you have any physical, mental or medical condition, which would limit your ability to perform the functions of a volunteer? <input type="radio"/> YES <input type="radio"/> NO If yes, please describe. _____ _____	Are you required to volunteer, e.g. field placement, internship, etc.? <input type="radio"/> YES <input type="radio"/> NO If yes, what is the reason? What are the requirements (i.e. hours, type of placement)?

Employment or Volunteer Experience Information

Please list most current experience first.

Employer/Volunteer Org.	From	To	Reason for leaving	Title, tasks and/or duties
Company or Organization Name				
Name and title of Supervisor	Telephone		May we contact Supervisor? <input type="radio"/> YES <input type="radio"/> NO	

Employer/Volunteer Org.	From	To	Reason for leaving	Title, tasks and/or duties
Company or Organization Name				
Name and title of Supervisor	Telephone		May we contact Supervisor? <input type="radio"/> YES <input type="radio"/> NO	

Education Information

<p>If you are currently in high school, please tell us what school you attend.</p> <p>High School: _____ Grade: _____</p>	<p>Other education, certifications or licenses?</p> <p>1. School: _____</p>
<p>What college/university do or did you attend?</p> <p>School: _____ Major: _____</p> <p>School location: _____</p> <p>Did you graduate? <input type="radio"/> YES <input type="radio"/> NO</p> <p>Graduation date: _____ GPA: _____</p> <p>Degree completed: _____</p> <p>Expected/anticipated graduation date: _____</p>	<p>Certificate, License, Degree: _____</p> <p>2. School: _____</p> <p>Certificate, License, Degree: _____</p>

Personal Statement

At NYPH our initiatives support our ultimate goal: **We Put Patients First**. This means that in everything we do, we must make patients our first priority and strive to provide them with the highest quality, safest, and most compassionate care and service. How can you help us further this initiative as a volunteer?

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/Guardian Signature _____ Date: _____

If you are 16 or 17 years of age, your parent or guardian's signature is required.
Please note: YOU MUST BE A MINIMUM OF 16 YEARS OF AGE TO APPLY.

Volunteer Character Reference

NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH YOUR APPLICATION AS ONE PACKET. APPLICATIONS MUST INCLUDE A COMPLETED VOLUNTEER CHARACTER REFERENCE FORM IN ORDER TO BE REVIEWED.

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant Name: _____

Telephone: _____ **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.

Applicant Signature _____ **Date:** _____

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

Name: _____

Telephone: _____ **Email Address:** _____

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

Evaluation Rating	Excellent	Above Average	Average	Needs Improvement	Not Applicable
Attendance/Punctuality	<input type="radio"/>				
Cooperation/Attitude	<input type="radio"/>				
Customer Service	<input type="radio"/>				
Dependability	<input type="radio"/>				
Initiative	<input type="radio"/>				
Quality of Work	<input type="radio"/>				

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

4. Please indicate applicant's job title and dates of employment:
5. Would you rehire: Yes No If no, please explain:
6. 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 use the information below to submit your application to your campus of choice. We accept applications via email, postal mail, fax, or in person.

<p>NYPH/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>NYPH/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>NYPH/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>NYPH/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>NYPH/Lower Manhattan Volunteer Services Department 170 William Street New York, NY 10038 Email: lowermanhattanvolunteer@nyp.org Fax: (646) 292-9588</p>	<p>NYPH/Westchester Volunteer Services Department 21 Bloomingdale Road White Plains, NY 10605 Email: westchestervolunteer@nyp.org Fax: (914) 682-6909</p>
<p>NYPH/Lawrence Hospital Volunteer Services Department 55 Palmer Avenue Bronxville, NY 10708 Email: mol9027@nyp.org Fax: (914) 787-3020</p>	