

New York Downtown Hospital, a member of the New York–Presbyterian Healthcare System, is a non-profit institution located in Lower Manhattan. It is a community teaching hospital which primarily serves the people who work and live in Lower Manhattan.

With more than fifty departments, New York Downtown Hospital provides volunteer opportunities for those who are interested in making a difference in the lives of others. In return, volunteers will gain invaluable experience. Opportunities can be found in the following areas:

Administrative and Clerical

Volunteer will provide administrative support and gain skills in office management, such as file management, data entry, reception for both walk-ins and phone inquiries, appointment scheduling and other general office duties.

- Minimum Age: 14
- Times to Volunteer: Mondays through Fridays, 9am to 5pm
- Level of Commitment: Minimum of 4 consecutive hours a week for at least 100 hours

Direct Patient Care

Inpatient care volunteers will be placed in nursing units where doctors and nurses provide patient care. Typical duties include transporting patients, comforting patients and family, answering page lights, changing beds and delivering meals to patients. Volunteers will have the opportunity to observe medical staff's responsibilities as well as activities in the medical field. Volunteers must be self-motivated and have a pleasant personality.

- For nursing /medical assistant student only (required to submit proof)
- Minimum Age: 18
- Times to Volunteer: Mondays through Sundays, 8am to 7pm
- Level of Commitment: Minimum of 4 consecutive hours a week for at least 100 hours

Public Information

Volunteers in these positions will provide hospitality to patients, families and visitors. Volunteers will ensure a secure environment within the Hospital grounds. Duties involve greeting visitors, giving directions, and providing patient information and performing ID verifications.

- Placement determined by education and qualification
- Minimum age: 16
- Times to Volunteer: Mondays through Fridays, 9am to 6pm
- Level of Commitment: Minimum of 4 consecutive hours a week for at least 100 hours

Community Outreach

One of New York Downtown Hospital's missions is to reach out to the community and provide healthcare to those who work or live in the community. We offer many health outreach events and health fairs throughout the year. The dates of the outreach events vary. Many community outreach events occur on weekends. Volunteers will assist with registering patients, directing traffic and operating medical equipment. Bilingual volunteers will also have the opportunity to act as translators for doctors and patients.

- Minimum Age: 16
- Times to Volunteer: Varies throughout the year.
- Level of Commitment: Minimum of 100 hours

Laboratory

In the laboratory setting, volunteers will have the opportunity to observe daily operations and learn how technicians work. Volunteers will also assist in data entry, report relay (by phone), slide preparation, specimen labeling and logging.

- Minimum age: 18
- Times to Volunteer: Mondays through Fridays. Note: Laboratories are most active in the morning.
- Level of Commitment: Minimum of 4 consecutive hours a week for 100 hours

Volunteer opportunities are offered year-round in New York Downtown Hospital. If you are interested, please fill out an application. Once the application is completed, please call the Volunteer Office at (212) 312-5718 to arrange an interview. If you have any questions or concerns, please contact us by phone. We are available Mondays through Fridays from 9am to 5pm.

New York Downtown Hospital
Volunteer Services
Tel: 212-312-5718
59 Maiden Lane, 6th Floor
New York, NY 10038

For office use only:
 Appl. Rec'd: _____ / _____ / _____
 S.O.D: _____ / _____ / _____
 A.O.D: _____ / _____ / _____
 Volunteer #: _____



Are you volunteering for the summer only? Yes No
SUMMER ONLY APPLICATION DEADLINE:
April 15th
 If you are only volunteering for the summer, you must commit to volunteering for at least 15 hours each week for at least 7 weeks, totaling at least 100 hours.

PERSONAL INFORMATION

Name: Last First Middle			Social Security No.: (must include (or copy of student VISA)		
Cell Phone #:	Home Tele #:	Work Tele #:	Email Address:		
			D.O.B: / /		
Address:	House No.	Street	Apt. #	City/Town	State Zip Code
Have you ever volunteered at New York Downtown Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: When? Department? Reason for Leaving?					
In case of Emergency, whom should we contact? Name: Relationship: Phone: ()					
In case of Emergency, whom should we contact? Name: Relationship: Phone: ()					

TELL US ABOUT YOURSELF

Your Available Times	Monday	Tuesday	Wednesday	Thursday	Friday
(Weekend schedule will be only apply to Community Outreach and Direct Patient Care.)					
What area are you most interested in: Administrative/Clerical Direct Patient Care* Public Information Community Outreach Lab *Nursing or Medical Assistant only (proof required)					

Do you speak another language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____	Have you ever been convicted of a crime(s), misdemeanor(s), or felony?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date(s) and details:
Referred by:	
Do you have any physical, mental or medical condition, which would limit your ability to perform functions for a volunteer job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	

*Please Note: Disclosure of a criminal record will not automatically disqualify you from volunteer consideration. However, omission of information on the application will.

EDUCATION INFORMATION

Name of High School you attended? _____ School Location: Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what grade are you in?	Name of the college or university you attended? _____ Major: School Location: Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what year are you in?
Other schooling/certifications/licenses/degrees? School: _____ School: _____ Certification, License or Degree: _____ Certification, License or Degree: _____	

EMPLOYMENT or VOLUNTEER EXPERIENCE INFORMATION

Please list any work and/or volunteer position(s) you have held.
 Please list most current positions first. You must attach a **resume**.

Company or Organization Name:	Time Period: From: To:	Position:	Reason for Leaving:
Address:			
Duties:			
Name and Title of Supervisor:	Telephone:	Email Address: (we will email them for your reference)	

List two academic or non-personal references that you have known for at least one year (i.e. teacher, guidance counselor, clergy, etc.):

Name:	Relationship:	Company/Institution:
Phone Number:	Email: (we will email them for your reference)	* Your reference cannot be someone you are related to, including friends.

Name:	Relationship:	Company/Institution:
Phone Number:	Email: (we will email them for your reference)	* Your reference cannot be someone you are related to, including friends.

Are you required to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the reason: What are the requirements (hours, placement):	Will this be a field placement for you? <input type="checkbox"/> Yes <input type="checkbox"/> No Course Title: _____ Credits: Professor's Name: Telephone Number:
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PERSONAL STATEMENT

<p>In a brief paragraph, please describe why you are interested in volunteering at New York Downtown Hospital:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

AGREEMENT

- I have answered each question fully and correctly. I understand that any deliberate misstatement or omission of information will disqualify me or cause immediate termination of my volunteer assignment. I authorize New York Downtown Hospital's Volunteer Services Department to fully investigate my references.
- As a volunteer, I understand that I am expected commit at least 100 hours of community service.
- I understand that submitting an application does not guarantee a position in New York Downtown Hospital. I understand that my final placement is determined by the Volunteer Department of New York Downtown Hospital.
- I understand that there is a 6-8 weeks processing time *after* I hand in my application.
- I understand that, while working at New York Downtown Hospital, I may have occasion to become aware of privileged and confidential information about the Hospital or its patients. I also understand that there are specific laws that require that any such information remain strictly confidential. I acknowledge that my access to confidential information is solely for the purpose of performing my responsibilities within this institution, and no other purpose. I am aware that disclosing any such information to *ANYONE* (for example, friends, family, the press, social media, others) can subject me and the Hospital to severe legal penalties. I hereby agree that I will keep all information and materials, whether in paper, electronic or other forms, regarding the Hospital or its patients strictly confidential. I will never, under any circumstance, remove Hospital documents from the Hospital, nor will I reveal clinical information about a patient (with or without the patient's name) or discuss the Hospital's care of or treatment of any patient except with the appropriate Hospital staff as necessary to perform my job duties. I will not take photos within the Hospital or of patients. If I have any question regarding the confidentiality of Hospital or patient information I will ask my Supervisor for clarification of this policy.

Signature: _____ **Date:** _____

If under the age of 18, Parent/Guardian Signature (required):

Parent/Guardian Signature: _____ **Date:** _____

**** IN ORDER TO BE PROCESSED, THIS APPLICATION MUST BE THOROUGHLY COMPLETED ****

For Office Use Only		
Orientation Date: / /	Interviewer:	Signature:
Medical Record: <input type="checkbox"/> Yes <input type="checkbox"/> No	PPD Date: / /	Drug Test Date: / /
Lab Report: <input type="checkbox"/> Yes <input type="checkbox"/> No	Immunization Record: <input type="checkbox"/> Yes <input type="checkbox"/> No	Resume: <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Department: Administrative/Clerical Direct Patient Care* Public Information Community Outreach Lab *Proof attached		
Comments: 		