

DEPARTMENT OF VOLUNTEER SERVICES INFORMATION FOR VOLUNTEER AND UNPAID INTERNSHIP

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

With more than fifty departments, the hospital provides many volunteer opportunities and unpaid internships for those who are interested in making a difference in the lives of others. In return, volunteers and interns can obtain valuable experience. Volunteer opportunities and unpaid internships are provided in a number of areas.

Expectations and Procedures:

Commitment:

Volunteers and unpaid Interns are asked to commit a minimum of 100 hours of service. On average, one should put in 4 hours of service per week for at least 6 months. It is important to determine if this commitment will fit into your schedule and other life commitments so that you will be able to volunteer faithfully week after week.

We are looking for service-oriented people who are committed to the mission of NYDH. The following qualities are important: 1) the ability to work well with others; and 2) the desire to learn and grow through participation in educational programs provided for volunteers.

The Application Process:

The process of becoming a volunteer at Downtown Hospital involves the following steps:

- 1) Fill out an application and call (917) 286-2571 to arrange for an interview.
(This initial interview is for advisory purposes. Some departments may require another interview)
- 2) Attend a mandatory Orientation to learn about Hospital policies and regulations.
(Three (3) hour sessions; special accommodations can be made if so required.)
- 3) Submit a copy of your immunization records and two ID pictures.
- 4) Final confirmation of placement and schedule.

Please direct all inquiries to the Volunteer Department at 59 Maiden Lane, 6th Floor, New York, NY 10038.

Phone: (917) 286-2571

Fax: (917) 286-2606

Email: volunteer@downtownhospital.org



Volunteer Office
59 Maiden Lane, 6th Floor
New York, NY 10038
(917) 286-2571

DEPARTMENT OF VOLUNTEER SERVICES
CONFIDENTIAL APPLICATION

Check One: Name:
Ms. Mrs. First MI Last
Miss Mr.

Date of Birth: / / Social Security Number: - -

Address:
Number Street Apt. # City State Zip

Home Phone: () Work Phone: ()

Email Address: Alt. Phone: ()

Employment Status:
Homemaker Unemployed Employed Part-time Full-time Student
Retired Employed Full-time Part-time Student

If presently employed:
Present Employer: Occupation

If a student, please name the school you are presently attending:
School: Major Year In School

Education Status: Check the highest level completed
Some High School College Degree Advanced Degree
High School Diploma Some Graduate School Other
Some College Graduate Degree

List the school(s) you attended previously: Major Degree

List any previous volunteer or community service experience you had:

Foreign Language(s) spoken fluently: Foreign Language(s) read fluently:

What is your reason for wanting to be a volunteer at NY Downtown Hospital:

In Emergency Notify:

Name _____ Relationship _____ Home Phone _____ Work Phone _____

Name _____ Relationship _____ Home Phone _____ Work Phone _____

When are you available to volunteer? **Expected length of commitment:** _____ hours _____ month(s) _____ year(s)
Be Specific from what time to what time *Please choose one*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Check your area of greatest interest:

- Direct Patient Care
- Administrative/Clerical
- Community Outreach/Screening
- Laboratories
- Medical Assistant
- Social Services
- Rehab/Physical Therapy
- No preference
- Other _____

Special skills you would like to use as a volunteer:

Please list the name and telephone number for one work-related reference and one personal reference.

Company _____ Contact _____
 Name: _____ Person: _____ Title: _____ () _____

Comments: _____

Name: _____ Relationship: _____ () _____

Comments: _____

How did you learn about volunteering at NY Downtown Hospital?

- High School
- College
- Employer
- Religious organization
- Another Non-profit organization
- Friend
- Newspaper
- Internet Website
- Other _____

Your Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Interview: _____ Assignment: _____

Orientation: _____ Medical: _____

Comments: _____

Final Placement: _____ Start Date: _____

Month/ Day / Year

B. VARICELLA (Chicken Pox)

- 1. Has report of adequate immune titer. **MUST SUBMIT COPY OF LAB REPORT** _____ / _____ / _____
or
- 2. Varicella vaccine:
 - 1st Dose _____ / _____ / _____
 - 2nd Dose four to eight weeks after 1st dose _____ / _____ / _____

- C. M.M.R. (Measles, Mumps, Rubella) if given instead of individual immunization** _____ / _____ / _____
- 1. 1st Dose: Immunized on or after first birthday, AND on or after Jan 1, 1972 _____ / _____ / _____
- 2nd Dose: Immunized 15 months after birth or later, AND at least 28 days after 1st dose _____ / _____ / _____

OR ONE OF THE FOLLOWING

- D. MEASLES (Rubeola)**
- 1. Has report of adequate immune titer. **MUST SUBMIT COPY OF LAB REPORT** _____ / _____ / _____
- 2. 1st Dose: Immunized on or after first birthday, AND on or after Jan 1, 1968 _____ / _____ / _____
- AND**
- 2nd Dose: Immunized 15 months after birth or later, AND at least 28 days after 1st dose _____ / _____ / _____

- E. MUMPS**
- 1. Has report of adequate immune titer. **MUST SUBMIT COPY OF LAB REPORT** _____ / _____ / _____
- or**
- 2. Immunized on or after first birthday, AND on or after Jan 1, 1969 _____ / _____ / _____

- F. RUBELLA (German Measles)**
- 1. Has report of adequate immune titer. **MUST SUBMIT COPY OF LAB REPORT** _____ / _____ / _____
- 2. 1st Dose: Immunized on or after first birthday, AND on or after Jan 1, 1969 _____ / _____ / _____

III. ASSESSMENT:

Height _____ Weight _____ B/P _____ HR _____

Is the patient currently being treated for any illness? (Please indicate) _____

Does the patient show any evidence of habituation or addiction to depressants, stimulants, narcotics, alcohol or other substances which may alter his / her behavior? _____

Given the applicant's overall health, are there any restrictions that should be placed on his/her activities as a hospital volunteer? _____

I certify that there is no evidence of contagious disease or substance abuse, and that this patient is physically and mentally fit for volunteer service.

PLEASE NOTE THIS FORM WILL NOT BE ACCEPTED IF THIS PART IS NOT COMPLETED ENTIRELY		
Health Care Provider Name _____	Signature _____	Date: _____
(Please Print)		
Health Care Provider Stamp		
Or		
Office Stamp for Address _____	Telephone _____	Lic# _____



Volunteer Department

59 Maiden Lane, 6th Floor
New York, NY 10038
Phone: (917) 286-2571
Fax: (917) 286-2606

Volunteer Reference Review

Name of Applicant: _____

Working Attitude	<i>Unacceptable</i>	<i>Fair</i>	<i>Excellent</i>
• Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• On time to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Willingness for new assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Self-motivation and initiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Job Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Courteous/professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appropriate Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interpersonal activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maintain appropriate working environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Contact Person Title

Corporation/Institution Telephone

Signature Date



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• Interpersonal activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maintain appropriate working environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Contact Person Title

Corporation/Institution Telephone

Signature Date