

## **Volunteer Services**

59 Maiden Lane  
6th Floor  
New York, NY 10038  
Tel: (212)-312-5718

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

With more than fifty departments, New York Downtown Hospital provides wide-ranging volunteer opportunities for those who are interested in making a difference in the lives of others. We invite you to make great things happen in our community, explore health career opportunities, gain work experience, brush up on your skills, meet academic requirements, meet new people, and acquire invaluable experience.

### **Long-term Volunteer Guidelines**

- Minimum of 150 hours of service
- At least 4 hours a week

### **Summer and Winter Volunteer Guidelines**

- Applications are accepted only in March for Summer volunteer service and only in October for Winter volunteer service.
- Minimum of 120 hours of service
- At least 15 hours each week for 6-8 weeks

## **Volunteer Opportunities**

### **Administrative and Clerical**

This opportunity offers volunteers the chance to provide much needed administrative support for the departmental staff. Volunteers will gain skills in office management, file management, labeling, running errands, appointment scheduling, reception of walk-in and phone inquiries, and other general office duties.

- Placement determined by education and qualifications
- Minimum age: 16
- Times to volunteer: Monday to Friday—9:00 AM-5:00 PM
- Fluent in English

### **Public Information**

Volunteers in these positions will provide hospitality to patients, families, and visitors. Volunteers will maintain a secure environment within the hospital grounds. Duties involve greeting visitors, and giving directions.

- Placement determined by education and qualifications

- Minimum age: 16
- Times to volunteer: Monday to Friday—9:00 AM-6:00 PM
- Fluent in English

## **Community Outreach**

One of New York Downtown Hospital's missions is to reach out 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 events occur on weekends. Volunteers will assist with setting up, registering patients, directing traffic, and operating medical equipment.

- Placement determined by education and qualifications
- Minimum age: 16
- Times to volunteer: vary throughout the year
- Fluent in English

## **Laboratory**

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

- Placement determined by education and qualifications
- Minimum age: 18
- Times to volunteer: Monday to Friday—9:00 AM-4:00 PM. Note: laboratories are most active in the morning.
- Fluent in English

Please mail the application, along with a resume, to the Volunteer Department, before the appropriate deadline. The Mailing address of the Volunteer Department is:

New York Downtown Hospital

Volunteer Department

170 William Street

New York, NY 10038

Note: any applications postmarked after the deadline will not be accepted. Upon completion, we will review your application, and, if accepted, the Volunteer Department will notify you within one month to schedule an interview.

New York Downtown Hospital

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New York, NY 10038

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



Member  
**NewYork-Presbyterian Healthcare System**  
 Affiliate: Weill Medical College of Cornell University



**Are you volunteering for  Summer  Winter  Long Term**  
**APPLICATION DEADLINE:**  
**Summer: March 31 / Winter: October 31**

**PERSONAL INFORMATION**

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

**TELL US ABOUT YOURSELF**

Your Available Times	Monday	Tuesday	Wednesday	Thursday	Friday
(Weekend schedule will be only applied to Community Outreach and Direct Patient Care.)					
<b>What area are you most interested in:</b> Administrative/Clerical    Public Information    Community Outreach    Lab					
<b>Do you speak another language?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____			<b>Have you ever been convicted of a crime(s), misdemeanor(s), or felony?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date(s) and details:		





# 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 150 hours of community service for long term volunteer sessions and 120 for Summer and Winter sessions.
  
- 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 \*\***

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