

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 to those who are interested in making a difference in the lives of others. In return, volunteers will gain an invaluable experience. Opportunities can be found in the following areas:

Administrative & 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 6 months (100 hours)

Direct Patient Care

In patient 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. Meanwhile, volunteers will have the opportunity to observe medical staffs' responsibilities and activities in the medical field. All volunteers must be self-motivated and have a pleasant personality.

- Minimum age: 18
- Times to Volunteer: Mondays through Sundays, 8am to 7pm
- Level of Commitment: Minimum of 4 consecutive hours a week for 6 months (100 hours)

Security & Public Information

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

- Placement determined by education and qualification.
- Times to Volunteer: Mondays through Fridays, 9am to 6pm
- Level of Commitment: Minimum of 4 consecutive hours a week for 6 months (100 hours)

Community Outreach

One of the 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 during the weekends. Volunteers will assist with patient registration, directing traffic and operating medical equipment. Bilingual volunteers will also have the opportunity to act as translators for doctors and patients.

- Minimum age: 14
- Times to Volunteer: Varies throughout the year.

Laboratory

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

- Minimum age: 14
- 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 6 months (100 hours)

Medical Assistant

New York Downtown Hospital offers opportunities to those who are pursuing a career in medical assistant. Duties include general office work and data entry.

- Priority given to students majoring in Medical Assistant.
- Times to Volunteer: Mondays through Fridays, 9am to 5pm
- Level of Commitment: Minimum of 4 consecutive hours a week for 6 months (100 hours)

Volunteer opportunities are offered year-round in New York Downtown Hospital. If you are interested, please fill out an application. The application includes a medical form (to be completed by your primary care physician) and a reference form (to be completed by two references). Once the application is completed, please call the Volunteer Office at (917) 286-2571 to set up an interview. After the interview, we will schedule you for an orientation. If you have any questions or concerns, please contact us through phone. We are open Mondays through Fridays from 9am to 5pm.

New York Downtown Hospital
Volunteer Services
59 Maiden Lane
6th Floor
New York, NY 10038
Phone: (917) 286-2571

**CONFIDENTIAL
VOLUNTEER APPLICATION**

Please check off your age range:

- 14-15yrs old 16-17yrs old 18-21yrs old 21yrs+

When are you available to volunteer?

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

*A minimum of four hours per week is required.

Please check off the opportunity that you are most interested in based on your age and availability:

- Administrative/Clerical (min. 14 years) → Availability: Mondays through Fridays, 9am-5pm
- Community Outreach (min. 14 years) → Availability: Varies, but mostly on weekends
- Laboratory (min. 14 years) → Availability: Mondays through Fridays, mornings
- Security/Public Information → Availability: Mondays through Fridays, 9am-6pm
- Direct Patient Care (min. 18 years) → Availability: Mondays through Sundays, 8am-7pm
- Occupational/Physical Therapy (min. 14 years) → Availability: Mondays through Fridays, 9am-5pm
- Medical Assistant (min. 18 years & MA major) → Availability: Mondays through Fridays, 9am-5pm

Do you speak any language(s) other than English? If yes, the language(s) is/are _____

Reason for Volunteering: School Requirement: Hours Required: _____
 Other _____

Full Name _____ Soc. Sec. # _____
FIRST MI LAST

Home Address _____
NUMBER STREET CITY STATE ZIP CODE

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Date of Birth _____

How did you hear about our program? _____

Employment Status:

- Part-Time Student Employed Part-Time Homemaker Unemployed
- Full-Time Student Employed Full-Time Retired

If you are currently a student, where are you enrolled? _____
SCHOOL MAJOR

Education (circle highest year completed) High School: 1 2 3 4 College: 1 2 3 4 Other _____

List the school(s) you attended previously _____
MAJOR DEGREE OBTAINED

_____ MAJOR DEGREE OBTAINED

If you are currently employed, where are you working at? _____
PRESENT EMPLOYER OCCUPATION

Previous volunteer or community service experience _____
 COMPANY DUTIES

 COMPANY DUTIES

 In Emergency Notify _____
 NAME RELATIONSHIP WORK PHONE CELL PHONE
 In Emergency Notify _____
 NAME RELATIONSHIP WORK PHONE CELL PHONE

FOR OFFICE USE ONLY
 Interview _____ Assignment _____
 Orientation _____ Medical _____
 Comments _____
 Final Placement _____ Start Date _____

**CONFIDENTIAL
VOLUNTEER PHYSICAL FORM**

The New York State Health Code requires that volunteers provide a medical history and evidence of a physical examination by a physician. This information must be submitted to the Department of Volunteer Services before you can start volunteering at New York Downtown Hospital. These records will not be made available to any other person or agency without your written consent.

Part 1: To be completed by yourself.

Name _____ Date of Birth _____
FIRST MI LAST

Home Address _____
NUMBER STREET CITY STATE ZIP CODE

Home Phone _____ Soc. Sec. # _____

Do you have any ongoing health problem or physical condition which should be taken into consideration when determining what your volunteer assignment will be? _____

I verify that the information above is correct. I authorize my physician to complete Part II.

Signature _____ Date _____

Part 2: To be completed by your primary care physician.

I. PPD **Note:** Must be a PPD test within the past 12 months. PPD requirement **MUST** be met regardless of BCG vaccination history.

Dated Planted _____ Date Read _____

Results Negative _____ mm induration

Positive _____ mm induration

Chest X-Ray Date _____ (If history positive PPD or a new conversion)

Chest X-Ray Result _____

RECORD OF IMMUNIZATIONS

Month/Day/Year

A. HEPATITIS B

1st Dose _____ / _____ / _____

2nd Dose _____ / _____ / _____

3rd Dose _____ / _____ / _____

B. VARICELLA

Month/Day/Year

1st Dose _____ / _____ / _____

2nd Dose (4-8weeks after 1st Dose) _____ / _____ / _____

-or-

Report of adequate immune titer. **MUST** submit copy of lab report.

C. MMR (Measles, Mumps, Rubella) if given instead of individual immunization **Month/Day/Year**

1st Dose (Immunized on or after first birthday, AND on or after January 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) **Month/Day/Year**

1st Dose (Immunized on or after first birthday, AND on or after January 1, 1968) _____ / _____ / _____

2nd Dose (Immunized 15 months after birth or later, AND at least 28 days after 1st dose) _____ / _____ / _____

-or-

Report of adequate immune titer. MUST submit copy of lab report.

E. MUMPS **Month/Day/Year**

1st Dose (Immunized on or after first birthday, AND on or after January 1, 1969) _____ / _____ / _____

-or-

Report of adequate immune titer. MUST submit copy of lab report.

F. RUBELLA (GERMAN MEASLES) **Month/Day/Year**

1st Dose (Immunized on or after first birthday, AND on or after January 1, 1969) _____ / _____ / _____

-or-

Report of adequate immune titer. MUST submit copy of lab report.

G. ASSESSMENT

Height _____ Weight _____ B/P _____ HR _____

Is the patient currently being treated for any illness? If yes, 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.

Note: This form will not be accepted if this part is not fully completed.

Health Care Provider Name _____ Signature _____ Date _____

Health Care Provider Stamp

Or

Office Stamp for Address _____ Telephone _____ Lic# _____



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**PROFESSIONAL
VOLUNTEER REFERENCE FORM**

***No: Friends or Family Members
*Yes: Teachers/Professors, Coworkers or Supervisors**

Applicant's Name _____

	Unacceptable	Fair	Excellent
● Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Initiation & Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Job Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Professional Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Interpersonal Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Appropriate Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Willingness to take on assignment(s)	<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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VOLUNTEER REFERENCE FORM**

***No: Friends or Family Members
*Yes: Teachers/Professors, Coworkers or Supervisors**

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● Job Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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● Appropriate Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Willingness to take on assignment(s)	<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