Dear Teen Volunteer Applicant,

Thank you for your interest in the NYU Winthrop Hospital Teen Volunteer Program (TVP). Our teen program offers volunteer opportunities for youths 16-18 years old and enrolled in a high school curriculum.

You must have a genuine desire to help others, and an understanding of the responsibility to adhere to all hospital policies. You must also agree to one three hour shift each week during the Volunteer Session you are applying for.

As a volunteer you are a critical part of the team, reliability and consistency are important. Teen volunteers are only allowed three excused absences during the School Year Program. Two unexcused absences will result in immediate dismissal from the program. There are no absences allowed during our Summer Program. Please consider this before applying to our program as there are no exceptions.

All applicants must meet the following criteria:
1. Must be 16 -18 years or old and currently attending high school
2. Respectful, considerate
3. Caring, compassionate
4. Responsible

Required commitment:
1. Commitment is one day per week for a three (3) hour shift.
2. You MUST be able to commit to serving 90 hours over the full school year.
3. Summer applicants are required to complete 24 hours.

Available Shift Times are:
1. Monday through Friday: 4:00pm-7pm (some exceptions)
2. Saturday & Sunday: mornings, afternoons, early evenings

Application packet consists of the following:
- **TVP Application** - all areas on application must be completed.
- **Volunteer Immunization Certificate** - must be completed by your licensed physician.
➢ **Counselor Form** - Counselor form is confidential and must be signed by parent/guardian and completed and returned by the student’s counselor directly to NYU Winthrop Hospital.

In addition to the above, a completed application must include:
  - Copy of school ID
  - Original Working Permit (copies cannot be accepted)
  - Essay Topic: “Why you want to volunteer and what you can bring to the volunteer program to enhance the NYU Winthrop patient experience.” Your essay must be between 300-500 words, typed (Times New Roman or Arial, size 12 font and double spaced. Do NOT Staple to application.
  - Reference Letter – Only reference letters on work stationary or personal stationary will be accepted and cannot be from a family member.
  - NOTE: Do not use staples anywhere in your application.

**Application Process:**
  - Please make sure that ALL areas of the application are complete and that all necessary signatures are obtained
  - Return the completed application, copy of your school ID, original worker’s Permit, Essay, and Reference letter by **August 1st for the school year program and/or May 1st for the summer program.**
  - All documents must be delivered to:
    NYU Winthrop Hospital
    Department of Volunteer Services
    259 First Street
    Mineola NY 11501

**IMPORTANT:**

*There will be no exceptions for late or incomplete applications. If your application is late or incomplete in any way, Volunteer Services is not obligated to notify you and is under no obligation to consider the application.*

After an interview, if the teen is selected to participate in the program, he/she will be invited to a weekend day orientation. The orientation is to assure your understanding of hospital policies and procedures.

Should you have any questions or concerns, please email the Volunteer Department of Volunteer Services at **dvs@nyulangone.org.**
Teenage Volunteer Program (TVP) Application

Completing an application and interview does not guarantee volunteer placement. All volunteer placements are filled according to current hospital needs, time availability and program specific requirements. An incomplete application will NOT be considered. Please read all instructions and requirements and follow carefully.

NYU Winthrop Hospital Volunteer Services requires TVP candidates for our School Year Program (September-June) commit to 90 hours of service. Volunteers must maintain a regular schedule of one 3-hour shift per week. Volunteers are only allowed three excused absences during the School Year Program. Two unexcused absences will result in immediate dismissal from the program. Please consider this before applying to our program as there are no exceptions.

NYU Winthrop Hospital Volunteer Services requires TVP candidates for our Summer Program (July-August), must commit to a minimum 24 hours of service. Volunteers must maintain a regular schedule of at least one 3-hour shift per week. There are no absences allowed during our Summer Program. Please consider this before applying to our program as there are no exceptions.

PLEASE NOTE: YOU MUST BE AT LEAST 16 YEARS OF AGE TO APPLY

(Please PRINT – Use either blue or black ink – All information must be completed by applicant.)

1. Personal Information

First Name: ________________________ MI: ___ Last Name: ___________________________
Address: _______________________ Apt: ___ City: _______________ State: ___ Zip: ________
Phone: _______________ Cell: _______________ Email: _________________________________
Name of Parent/Guardian: ________________________________________________________
Phone: _______________ Cell: _______________ Email: _________________________________
Current Grade: ____ Full Name of School: ___________________________________________
Date of Birth: ____/____/_______ Age: _____ Gender: __________________

2. Volunteer experience
Where: ____________________________________________ From: _______To:_________

Where: ____________________________________________ From: ________To:________

3. Are you required to volunteer (e.g., community service, class, honor society, etc.)?  
Yes __ No __
If yes, please explain: _________________________________________________________

4. List your extra-curricular activities:
___________________________________________________________________________
___________________________________________________________________________

5. List any hobbies, talents or special interests:____________________________________
___________________________________________________________________________

6. List your future goals:_________________________________________________________
___________________________________________________________________________

7. Essay: “Why you want to volunteer and what you can bring to the volunteer program to 
enhance the NYU Winthrop patient experience.” Your essay must be between 300-500 
words, typed (Times New Roman or Arial, size 12 fonts) and double spaced. Do NOT Staple 
to application.

8. Do you have a family member who works or volunteers at NYU Winthrop Hospital?  
Yes ___ No ___ If yes, please provide the following information:
Name: ______________________________ Relationship: __________________________
Department: _________________________ Contact number: __________________________

9. Assignment Request
Volunteer assignments will be given at the orientation. The assignment given will be based 
on the needs of the hospital and volunteer availability.

Please check area/s of interests:

Clerical ____ Patient Unit ____ Retail (Gift Shop/Gift Cart/Lobby Café) ____ Buddy Cart____

Note: Teen Volunteers are not allowed to volunteer in the Emergency Department, 
intensive care units, or in departments in which a parent or relative works.
Volunteers work one (1) three hour shift per week. Please indicate the days and times you are available to volunteer.

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10. I understand and agree that submitting this application form does not automatically register me as a volunteer at NYU Winthrop Hospital. I am aware I must meet all qualifications necessary including and not limited to: medical clearance, orientation, and possible background check (depending on volunteer job assignment). By submitting this form, I attest that the information I have provided on the form is true and accurate.

☐ I Agree

_________________________________________ ________________
Applicant’s Signature   Applicant’s Name (please print)

________________________________________ _____________________________________
Parent/Guardian’s Signature   Parent/Guardian’s Name (please print)
Volunteer Immunization Certificate

Name (Please Print): _________________________________________________________________________
Mailing Address: _________________________________________________________________________

INSTRUCTIONS: NYU Winthrop Hospital’s health and immunization standards are based on Nassau County and New York State Department of Health requirements and recommendations. It is now required that all persons born in or after 1957, show proof of two doses of MMR vaccine on or after their first birthday. To be completed by a licensed physician.

_____________________________ ____________________________
Physician’s Signature: Date:

Address: ___________________________________________________________
License #: _____________________________State: _________________Telephone# ______________________

Date
#1 – MMR ____________
#2 – MMR ____________

Flu Vaccine
**Required to volunteer during Flu Season

History of Varicella (Chicken Pox) _______________

The PPD, (Mantoux) test must be administered and evaluated within the current calendar year by your private physician.

Date Planted: ___________________________
Reaction: ___________________________ mm Induration
Date Evaluated: ___________________________
Evaluated By: ___________________________

Note: If you have or ever had a POSITIVE reaction, documentation of said reaction along with a copy of a chest x-ray report is required.
Student Counselor Form

The student named below is applying for admission to the Teen Volunteer Program at NYU Winthrop Hospital. The following information is requested to assist in evaluating the applicant’s eligibility.

Please complete this form and return it in the attached envelope or fax it to 516-663-9309 by April 30, 2019. If you have any questions, please call the Department of Volunteer Services, at 516-663-2391, or email your question to dvs@nyulangone.org.

Dear Counselor:

As Parent/Guardian I hereby give my permission for the release of this requested information.

Parent/Guardian Signature:____________________________________ Date:_______________

Student’s Name:_______________________________________School:___________________

The following information is required:

Grade Point Average:___________

Number of: Tardies _____ Absences _____ Suspensions ______

Expected Graduation (month/year):________________________

Please comment on whether or not you think this student will make a good hospital volunteer.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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Counselor’s Name __________________________________

Signature ________________________________________  Date________________