Instructions

The College Volunteer Program (CVP) is designed to give college students the opportunity to fulfill school requirements and get hands-on experience in a healthcare setting, while giving back to the community as an important member of the hospital's care team.

CVP enrolls matriculated college students interested in pursuing a career in the medical field. Students attending or preparing for medical school, allied health professions programs, nursing, occupational therapy, physical therapy, occupational therapy, dietary science, Child Life, physician assistant, public health and health administration qualify to apply for the program.

CVP is highly competitive and therefore selective.

Selected participants are matched with assignment opportunities based on hospital’s needs and applicant’s availability, skills and interests.

All applicants must meet the following criteria:
- Enrolled in a college undergraduate or graduate program with a minimum 3.0 gpa.
- Proactive demeanor and selfless mindset.
- Maturity and willingness to adhere to hospital policies and procedures.
- Positive attitude and good interpersonal skills.
- Submit a complete application by the due date, including
  - medical clearance
  - compelling essay
  - strong recommendations
- Pass a background check – including a valid social security number
- Have a valid, government-issued ID, such as Driver's License or Passport

Required commitment:
1. Commitment to one or two 4-hour shifts per week during a given session.
2. You MUST be able to commit to serving at least 40 hours per semester.
3. Summer applicants are required to complete at least 32 hours.
Application packet consists of the following:

- **CVP Application** - all areas on application must be completed.
- **Volunteer Immunization Certificate** - must be completed by your licensed physician.
- **Grade Point Average Documentation** – Attach documentation of your college gpa. If you are an entering Freshman, please submit a copy of your high school gpa.

In addition to the above, a completed application must include:

- **Photocopy of college ID or state driver’s license**
- **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 school stationary or personal stationary will be accepted and cannot be from a family member.

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, Essay, and Reference letter by the deadline publicized on the Volunteer Section of the hospital website.
- **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 applicant 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 at dvs@nyulangone.org.
College Volunteer Program (TVP) Application

1. Personal Information
First Name: ___________________________ MI: ___ Last Name: ___________________________
Address: ___________________________ Apt: ___ City: __________________ State: ___ Zip: _______
Phone: ___________________________ Cell: __________________ Email: _______________________________

Name of College: ___________________________ Major:_________________________
Year: __Freshman __Sophomore __Junior __Senior __Graduate School

Date of Birth: ___/___/_______ Grade Point Average:___________

2. Volunteer experience

Organization: ________________________________ From: ___ To:_____
Volunteer role:_____________________________________________________

Organization: ________________________________ From: ___ To:_____
Volunteer role:_____________________________________________________

Organization: ________________________________ From: ___ To:_____
Volunteer role:_____________________________________________________

Organization: ________________________________ From: ___ To:_____
Volunteer role:_____________________________________________________

3. List your health care career goals:

__________________________________________________________

4. 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.
5. 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: ________________________

6. 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 review the types of assignments available on the hospital website and list your top three preferences:
1) ____________________________ 2) ____________________________ 3) ____________________________

7. Schedule

College Volunteers work one or two four hour shifts per week. Please indicate the days and times you availability.

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8. Semester/s

Which semester/s are you applying for? Check all that apply.

___ Fall 2020 ___ Winter 2020 ___ Spring 2021 ___ Summer 2021

9. 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, background check, training, etc.

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)