

Date: _____

Volunteer Applicant
Name _____

Please note the required tasks listed below must be completed no later than one month from the date listed above.

**Required Documents to be submitted to the
Department of Volunteer Services**

	Signed Application with Personal Contact Information and In Case of an Emergency Person's Contact Information
	Copy of Government ID with Picture and Date of Birth
	Copy of Working Paper, If Under 18
	Two Current Signed Reference Letters with Contact Information
	Accreditation & Certification
	Up To Date Medical Clearance
	Once You Have Obtained All the Required Documents Checked Above, Please Contact the Department of Volunteer Services to schedule Your Orientation at (718) 883-2280.
	Hospital Orientation