



Pediatric Emergency Medicine
Volunteer Research Assistant Program
 622 West 168th St., Room PH 137-1
 New York, New York 10032
 T: (212)-305-8658; F: (212)-342-2927

VOLUNTEER RESEARCH ASSISTANT APPLICATION

(PLEASE LEGIBLY BLOCK PRINT ALL INFO REQUESTED ON THIS FORM)

Contact Information

NAME (FIRST, MI, LAST)	
DOB (M/D/YY)	
STREET ADDRESS	
CITY, ST, ZIP CODE	
HOME PHONE	()-_____-_____-
WORK PHONE	()-_____-_____-
E-MAIL ADDRESS	_____@_____
CELL PHONE:	()-_____-_____-

Availability

Please indicate your top three preferred choices by circling the appropriate day and shift on each line.

SHIFT #1	Su M T W Th F Sa	830a-1230p 12p-4p 330p-730p 7p-11p
SHIFT #2	Su M T W Th F Sa	830a-1230p 12p-4p 330p-730p 7p-11p
SHIFT #3	Su M T W Th F Sa	830a-1230p 12p-4p 330p-730p 7p-11p

Person to Notify in Case of Emergency

NAME	
STREET ADDRESS	
CITY ST ZIP CODE	
HOME PHONE	()-_____-_____-
WORK PHONE	()-_____-_____-
E-MAIL ADDRESS	_____@_____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, deliberate omissions or other misrepresentations made by me on this application will result in my immediate dismissal.

NAME (PRINTED)	
SIGNATURE	
DATE	

****If you are accepted,** please contact Josie Dominguez ASAP at (212) 305-9345 or at jod9034@nvp.org to schedule your orientation through the Volunteer Department. Once you complete that orientation, which includes medical and security clearance, the Volunteer Department will issue you a volunteer ID card. After clearance by the Volunteer Department, attendance at the PEMVRAP training session and completion of the mandatory online training modules, you can begin your volunteer experience in the Pediatric Emergency Department.