



Dear Applicant:

Thank you for your interest in VISIONS' Intergenerational Program. VISIONS' student volunteers make real differences every day in the lives of people who are blind and visually impaired.

Enclosed is an application (including an addendum), which must be completed in full and sent to VISIONS' via fax or email. On your application, you must be 14 years old and you must provide the complete information of three references (two professional references and one personal reference). We will call your references to complete reference checks. Incomplete applications will not be reviewed. In addition, please make sure you and a parent or guardian sign and date the application.

**Applications will be reviewed in September/October for the fall program, January for winter program, March for the spring program, and June for summer program. Incomplete applications will not be reviewed.**

Thank you again for your interest in the Intergenerational Program and helping us meet our goal of promoting the independence of people of all ages who are blind or visually impaired. If you have any questions or need further information, please contact me by phone at 646-486-4444, ext. 233 or by email at [jgil@visionsvcb.org](mailto:jgil@visionsvcb.org)

Sincerely,

Jose Gil, Senior Center Program Associate  
**VISIONS/Services for the Blind and Visually Impaired**  
**135 West 23<sup>rd</sup> Street**  
**New York, NY 10011**  
**P: (646) 486-4444 Ext.233**  
**F: (646) 486-4343**  
**[jgil@visionsvcb.org](mailto:jgil@visionsvcb.org)**

## Employee, Volunteer, Internship Application

**Application Date:** \_\_\_\_\_

Check position type for which you are applying. ☐ Employment ☐ Volunteer ☐ Internship

Check availability. ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Summer ☐ Weekend

Check location. ☐ VISIONS ☐ VISIONS Center on Blindness (VCB) ☐ VISIONS at Selis Manor

Position Desired: \_\_\_\_\_ Dates Available: \_\_\_\_\_

What prompted you to apply here? ☐ Advertisement ☐ Referral ☐ Agency ☐ Other

(Explain) \_\_\_\_\_

### Personal Information

\_\_\_\_\_  
Last Name First Name Middle Initial ( ) Home Phone Number

\_\_\_\_\_  
Street Address (Apt. #) ( ) Cell or Work Number

\_\_\_\_\_  
City, State, Zip Code E-mail Address

Are you 18 years of age or older? ☐ Yes ☐ No

Can you, after employment, submit verification of your identity and legal right to work in the United States? ☐ Yes ☐ No

Have you ever applied for or had a volunteer, internship or employment position with VISIONS, VCB or VISIONS at Selis Manor before? ☐ Yes ☐ No If yes, list date and position. \_\_\_\_\_

Does or has any relative worked for VISIONS, VCB or VISIONS at Selis Manor? ☐ Yes ☐ No

If yes, list name, relationship, date and position. \_\_\_\_\_

Does or has any relative worked for the NYC Department for the Aging or the NYS OCFS Commission for the Blind and Visually Handicapped? ☐ Yes ☐ No

If yes, list name, relationship, date and position. \_\_\_\_\_

### Current / Most Recent Employment

\_\_\_\_\_  
Employer Address Your Job Title

\_\_\_\_\_  
Date of Hire: Date of Completion

\_\_\_\_\_  
Supervisor Name/Title Supervisor Email Supervisor Phone #

### Professional & Personal References

*Two professional (**not friend or family**) references and one family (spouse, partner, parent, etc.) reference required. We will reach out to your references. Please make sure they know you are putting them down as a reference.*

1. _____	_____	_____
Name (professional)	Address	Relationship
_____	_____	_____
Phone Number	E-mail Address	Fax Number
2. _____	_____	_____
Name (professional)	Address	Relationship
_____	_____	_____
Phone Number	E-mail Address	Fax Number
3. _____	_____	_____
Name (family)	Address	Relationship
_____	_____	_____
Phone Number	E-mail Address	Fax Number

**VISIONS/Services for the Blind and Visually Impaired is an Affirmative Action / Equal Employment Opportunity / Americans with Disabilities Act Employer. It is the policy of VISIONS to provide reasonable employment accommodations. I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please continue and complete the VISIONS  
Services Assistance Addendum Form below.





Email or mail applications to Teresa Rivero at:

**VISIONS at Selis Manor**

**135 West 23<sup>rd</sup> Street, New York, NY 10011**

**(646) 486-4444 Ext.233**

**[jgil@visionsvcb.org](mailto:jgil@visionsvcb.org)**

## **Volunteer Service Assistant (VSA) Addendum**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Borough:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **Expected Graduation Year:** \_\_\_\_\_ **School Dismissal Time:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Day time telephone number:** \_\_\_\_\_

**Where did you hear about the program?** \_\_\_\_\_

**Languages Spoken (*Other than English*):** \_\_\_\_\_

**Pet Allergies (*Please indicate to which animal*):** \_\_\_\_\_

**Please indicate the semester you would like to work:**

*Fall (Sept.-Dec.)   Winter (January-March)   Spring (April-June)   Summer (July & August)*

**Please indicate which you are available for:**   *Meal Service*   *Home Visits*

Circle the days you are available to work:     *Mon*     *Tue*     *Wed*     *Thu*     *Fri*

*Please answer the following questions to the best of your ability:*

List and describe any clubs or organized groups that you belong to in your school or community.

What are your career goals, and how do you plan to achieve them?

Please describe your major strengths and explain what you hope will be your most important contribution in working with elderly individuals who are blind or visually impaired.

Please explain why you are applying for this position.

I give VISIONS the right to secure additional information about me, if job related. I hereby release from liability VISIONS and its representatives, for seeking such information and all other persons, corporations or organizations for furnishing such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions please contact:  
**Jose Gil, Senior Center Program Associate**  
**VISIONS/Services for the Blind and Visually Impaired**  
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