



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

Sincerely,

Jose Gil, Senior Center Program Associate
VISIONS/Services for the Blind and Visually Impaired
135 West 23rd Street
New York, NY 10011
P: (646) 486-4444 Ext.233
F: (646) 486-4343
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.

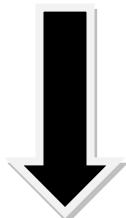
1.	Name (professional)	Address	Relationship
	Phone Number	E-mail Address	Fax Number
2.	Name (professional)	Address	Relationship
	Phone Number	E-mail Address	Fax Number
3.	Name (family)	Address	Relationship
	Phone Number	E-mail Address	Fax Number

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 23rd Street, New York, NY 10011
(646) 486-4444 Ext.233 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:
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