



DEPARTMENT OF VOLUNTEER COMMUNITY SERVICES

445 LENOX ROAD BROOKLYN NY 11203

Volunteer Coordinator: Gem McCalman-Oxley (718) 270-2844

Volunteer@downstate.edu

SYEP (SUMMER YOUTH) REQUEST FORM

In order to best satisfy the needs of your department Please fill out the following form in its entirety and return to the Department of Volunteer Services. Room# B-530 Box 48

Date _____

Name (Requested By): _____

Department requesting Summer Youth(s): _____

Department Location: _____

Assignment Description: _____

Qualifications (special skill, training and experience desired): _____

Number of Summer Youth (s) requested:

SYEP schedule: Days: Monday- Thursday Hours 9am- 4pm with 1 Hour Lunch

On –Site training given by: _____

On – Site Supervisor responsibility for Summer Youth(s):

Telephone/ Ext: _____