



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

Hospital Orientation: 7/01/24 - 7/03/24
Worksite Placement: 7/05/24 - 8/08/24
Time: 9AM- 4PM

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: _____