

# Project Healthcare Application

## Check List

I have included the following in this envelope:

<input type="checkbox"/> Completed Application
<input type="checkbox"/> Essay
<input type="checkbox"/> Curriculum Vitae
<input type="checkbox"/> Two Letters of recommendation
Letters must be in sealed envelopes and signed
<input type="checkbox"/> Passport Photograph
Please write your name on the back of the photo

All of the above must be submitted in order to complete the application. An incomplete application will be automatically rejected. Please check the FAQ and ask all questions prior to submitting your application.

The application packet should be mailed to the following address:

Attn: Ashley Colucci  
Coordinator of Emergency Medicine Research  
Bellevue Hospital Center  
Department of Emergency Medicine  
462 First Avenue, Suite 345A  
New York, NY 10016

**BELLEVUE HOSPITAL CENTER  
EMERGENCY DEPARTMENT  
PROJECT HEALTH CARE APPLICATION**

Attach Photo Here

**DATE:** \_\_\_\_\_

**NAME (Mr./Mrs./Ms.)** \_\_\_\_\_  
Last First M.I.

**COLLEGE/UNIVERSITY:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**COLLEGE ADDRESS (Your college residence)** \_\_\_\_\_

**COLLEGE RESIDENCE PHONE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CELL/HOME PHONE:** \_\_\_\_\_

**SEND MAIL TO:** College address: \_\_\_\_ Home address: \_\_\_\_

**E-mail address (Please print clearly):** \_\_\_\_\_

**OTHER EDUCATION, TRAINING, & INTERESTS:** \_\_\_\_\_

**PREVIOUS HEALTH-RELATED EXPERIENCE:**

Institution: \_\_\_\_\_ Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

LANGUAGES OTHER THAN ENGLISH \_\_\_\_\_ **Speak ( ) Read ( ) Write ( )**  
\_\_\_\_\_ **Speak ( ) Read ( ) Write ( )**  
\_\_\_\_\_ **Speak ( ) Read ( ) Write ( )**

**PREVIOUS VOLUNTEER EXPERIENCE:** \_\_\_\_\_

**CAREER GOALS:** \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

NAME (Mr./ Mrs.): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**REFERENCES: (Two letters of recommendation must be in signed sealed envelopes from two non-relatives and included with your application packet or mailed directly to our office, at the same address this application is to be sent. Their names, telephone numbers and email address should be included below)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ESSAY: (ATTACH TO APPLICATION):**

Please discuss in 500-750 words your future career goals. How can being involved in Project Healthcare help you to attain those goals and what can you contribute to the program.

**ADDITIONAL INFORMATION (OFFICE USE ONLY):**

(A) \_\_\_\_\_ (D) \_\_\_\_\_ (AL) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_