



VOLUNTEER SERVICES APPLICATION

Beverly Hospital, Beverly Hospital @ Danvers & Cummings Center 85 Herrick St., Beverly, MA 01915 (978)922-3000 x2307

Addison Gilbert Hospital 298 Washington St., Glouc., MA 01930 (978)283-4001

THE MINIMUM AGE FOR VOLUNTEERING IS 14.

PERSONAL DATA

Name first last Birth Date mo/day/yr if under 18 mo/day if over 18 Address street city state zip Home Phone () Work Phone () Email address Cell Phone () Emergency Contact name phone number I want to volunteer at: Beverly Hospital Beverly Hospital @ Danvers Addison Gilbert Hospital in Gloucester Cummings Center

EDUCATION

Name of high school or college presently attending and graduation date: school date

WORK / VOLUNTEER EXPERIENCE

Employment: Please include place of employment, position, and dates Present and Previous Volunteer Experience. Please describe Have you volunteered for this organization before? YES NO If YES, please give dates How did you hear about volunteering for this hospital? Church bulletin Internet Brochure Newspaper Other If other, where?

MOTIVATION FOR VOLUNTEERING

Reasons for volunteering _____

Is this required? YES _____ NO _____ If Yes, for whom? school _____ church _____
 court _____ other _____ # of hours required? _____ Completion date? _____

What experiences have you had with hospitals? How have they affected your attitudes? _____

INTERESTS / SKILLS / HOBBIES

Please indicate your interests, skills, hobbies _____

COMMITMENT

To ensure that you derive the maximum benefits from your volunteer service, the Volunteer Services Department requires that all volunteers give a minimum commitment of **50 HOURS** per calendar year, or as determined during the placement process.

TIME AVAILABLE: (Please check all shifts available.)

	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.
MORNING							
AFTERNOON							
EVENING							

Volunteer assignments are determined based on hospital needs.

Please indicate your areas of interest:

- Child Care Center (BH only)
- Gift Shop (BH & AGH)
- Patient Services (Transport, etc.)
- Other: _____
- Department Greeter (Surgery)
- CCU, Emergency, Endoscopy Assistant
- Information Desk Escorter (AGH & BH)

When are you available to begin volunteering? _____

For Office Use Only:

Information Meeting: _____

Assignment: _____

References Sent: _____

Day: _____

CORI Sent: _____

Time: _____

References Received: _____

Start Date: _____

Orientation: _____

TB read: _____

Kronos#: _____

Meal Voucher#: _____

For Office Use Only:

COMMENTS: