



**Northeast Hospitals** THE LEADING EDGE *of* CARING.

## ADULT VOLUNTEER 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.**

**This application is for ADULT VOLUNTEERS.**

**Volunteer applicants under age 18 must fill out a student application.**

### PERSONAL DATA

Name _____		Birth Date _____	
first	last	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	

### WORK / VOLUNTEER EXPERIENCE

Employment: Please include place of employment, position, and dates	
_____	
_____	
Have you volunteered for this organization before? YES _____ NO _____	
Present and Previous Volunteer Experience. Please describe _____	
_____	
If YES, please give dates _____	
How did you hear about volunteering for this hospital? _____	
Church bulletin _____ Internet _____ Brochure _____ Newspaper _____ Other _____	
If other, where? _____	
<b>Are you a current college student?</b> YES _____ NO _____	
<b>If YES,</b> _____	
Name of College/University	Graduation Date

**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, Infant Room (BH only)
- Connecting Young Moms, Child Caregiver (BH only)
- Department Greeter (Surgery (AGH & BH), Audiology (BH), Radiology (BH))
- Gift Shop (AGH & BH)
- CCU (BH), Emergency (AGH & BH), Endoscopy Assistant (BH)
- Information Desk Escorter/Greeter (AGH, BH, BH@Danvers)
- Patient Services (Transport, Patient Ambassador)(BH only)
- Spectrum Center, Activities (Cummings Ctr. and North Andover)
- Senior Adult Unit, Activities (AGH)
- Other: \_\_\_\_\_

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:**