

# ADULT VOLUNTEER APPLICATION

**This application is for ADULT VOLUNTEERS and INTERSHIPS  
Volunteer applicants under age 18 must fill out a student application.**

***Please complete and return via email to Volunteer Services***

***Janet.f.ward@lahey.org***

## PERSONAL DATA

<b>Name</b> _____		<b>Birth Date</b> _____	
first	last	mo./day if over 18	
<b>Address</b> _____			
street	city	state	zip
<b>Home Phone:</b> ( ) _____		<b>Cell Phone:</b> _____	
<b>Work Phone</b> ( ) _____			
<b>Email address</b> _____			
<b>Emergency Contact</b> _____		<b>Cell:</b> _____	
<b>Emergency Contact email:</b> ( ) _____			

<b>I want to volunteer at:</b> ____ Beverly Hospital (BH) ____ Addison Gilbert Hospital (AGH - Gloucester) ____ Beth Israel Lahey Health Care Center, Danvers (BILHCC)
---

## WORK / VOLUNTEER EXPERIENCE

<b>Employment:</b> Please include place of employment, position, and dates _____ _____
<b>Have you volunteered for or been employed by this organization before?</b> YES__ NO__ If YES, please give Dates _____
<b>Present and Previous Volunteer Experience. Please describe</b> _____ _____ _____
<b>How did you hear about volunteering for this hospital?</b> _____
<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 (Y/N)? \_\_\_\_\_

If Yes, for whom? School \_\_\_\_\_ Court \_\_\_\_\_ other \_\_\_\_\_

# of hours required? \_\_\_\_\_ Completion date? \_\_\_\_\_

Is this to complete an INTERNSHIP requirement? Y/N? \_\_\_\_\_

What experiences have you had with hospitals?  
\_\_\_\_\_  
\_\_\_\_\_

**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:**

- \_\_\_ Connecting Young Moms, Child Caregiver (BH only)
- \_\_\_ Gift Shop (BH)
- \_\_\_ Emergency Dept. Asst. (AGH & BH)
- \_\_\_ Endoscopy Asst. and Greeter (BH)
- \_\_\_ Information Desk Greeter/Escorter (AGH, BH & Lahey Outpatient Ctr, Danvers)
- \_\_\_ PACU, Office Support (Audiology: BH, BILHCC, Danvers)
- \_\_\_ Patient Services (Patient Ambassador: BH only)
- \_\_\_ Senior Adult Unit, Activities (AGH)
- \_\_\_ Other: \_\_\_\_\_

**Available Start Date:** \_\_\_\_\_

**PERSONAL REFERENCES**

**It is mandatory that all applicants submit the names of two references.**

**Please complete all fields below:  
PLEASE DO NOT USE RELATIVES AS REFERENCES.**

**1. Name** \_\_\_\_\_  
                                first  last

**Address** \_\_\_\_\_  
                                street  city                                state                                zip

**Email Address:** \_\_\_\_\_

**Phone (    )** \_\_\_\_\_      **Relationship to Applicant** \_\_\_\_\_

**2. Name** \_\_\_\_\_  
                                first  last

**Address** \_\_\_\_\_  
                                street  city                                state                                zip

**Email Address:** \_\_\_\_\_

**Phone (    )** \_\_\_\_\_      **Relationship to Applicant** \_\_\_\_\_

#### **STATEMENT OF UNDERSTANDING**

**-I affirm that the information provided on this application is true and complete.**

**-I understand if I am accepted, active volunteer status is contingent upon compliance with hospital policies and procedures and a mandatory health screening.**

**-I understand the Volunteer Services Department reserves the right to terminate my service as a volunteer.**

**-I understand I will not be compensated monetarily by the hospital for my volunteer services.**

**-I authorize the hospital to make any inquiries to determine my suitability for volunteering.**

**-I understand Criminal Offender Record Information checks are required for all volunteer applicants. (Copy of current driver's license required)**

**Your Signature** \_\_\_\_\_      **Date** \_\_\_\_\_

**For Office Use Only:**

**Information Meeting:**\_\_\_\_\_

**Assignment:**\_\_\_\_\_

**References**

**Day:**\_\_\_\_\_

**Received:**\_\_\_\_\_

**Time:**\_\_\_\_\_

**CORI Sent:**\_\_\_\_\_

**Start Date:**\_\_\_\_\_

**Orientation:**\_\_\_\_\_

**EH Clearance:**\_\_\_\_\_

**Kronos#:**\_\_\_\_\_

**Meal Voucher#:**\_\_\_\_\_

For Office Use Only:

**COMMENTS:**