Beth Israel Lahey Health Beverly Hospital | Beth Israel Lahey Health Addison Gilbert Hospital

STUDENT VOLUNTEER APPLICATION

Beverly Hospital, Addison Gilbert Hospital (Gloucester) and Lahey Outpatient Center, Danvers

Volunteer Services
85 Herrick St., Beverly, MA 01915
(978)922-3000 x2307

STUDENT VOLUNTEERS 15-18 Years of Age and Minimum Sophomore Year of High School

PERSONAL DATA

Name_____ Birth Date_____
first last mo/day/yr

Address_____
street city state zip

Home Phone ( )_____ Cell Phone ( )_____

Email address _____

Emergency Contact_____ ( )_____
Name & relationship phone number

I want to volunteer at:
_____ Beverly Hospital (BH – Beverly, Ma.)
_____ Beth Israel Lahey Health Care Center – (BILHCC - Danvers, Ma.)
_____ Addison Gilbert Hospital (AGH – Gloucester, Ma.)

EDUCATION

Student Volunteers must be 15 years of age and a sophomore in high school

Name of high school attending and graduation date:

_____ _____
School **Graduation date**

WORK/VOLUNTEER EXPERIENCE

Have you volunteered for this organization before? YES_____ NO_____
If YES, please give dates_____
Other Volunteer Experience(s)? Please Describe:
_____
_____
How did you hear about volunteering for this hospital? _____
School _____ Internet _____ Friend _____Other _____
If other, where? _____

MOTIVATION FOR VOLUNTEERING

Why do you want to volunteer? _____
_____
_____
Is this required? _____
If Yes, for whom: school_____ church_____ court_____ other_____
# of hours required: _____
Completion date required:_____
_____

INTERESTS / SKILLS / HOBBIES

Please indicate your interests skills and hobbies:_____
_____
Previous experience with
hospitals:_____
_____
_____
_____

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**. More information about this commitment will be given at your information meeting.

School year student assignments are after school one day per week from 3pm-5pm. Summer program assignments are 1-2 days per week, each assignment being 3 hours. Students are ***not*** assigned to volunteer evening or weekend volunteer shifts.

Please initial here to confirm that you understand this commitment:_____
Sampling of the departments our students volunteer in include: Gift Shop, Surgical Day Care, Information Desk Greeter, Human Resources, Radiology, Receiving, Interpreter Services, Mother/Baby. Our sites include (BH, AGH & Lahey Outpatient Center, Danvers). Assignments vary by location.

Please email completed application to:
Janet F. Ward
janet.f.ward@lahey.org
Coordinator of Volunteer Services
Beverly Hospital, Addison Gilbert Hospital, Lahey Outpatient - Danvers
85 Herrick Street, Beverly, Ma. 01915
978-816-2307

PERSONAL REFERENCES

Please provide two contacts for references.
We will reach out to them via email for reference information.
One of these references must be from **your school's guidance department.**
Other suitable references are: teachers, neighbors, employers, family friends, priests/pastors etc.

Please Note: You may not use relatives as references.

Guidance Counselor Reference # 1:

Name:
Reference email:
Reference Contact #:
Reference Address:

Personal Reference #2:

Name:
Reference email:
Reference Contact #:
Reference Address:

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.

Your Signature_____**Date**_____
For volunteers under age 18 the signature of a parent/guardian is required.

Parent/Guardian Signature_____**Date**_____

For Office Use Only:

Information Meeting:_____ Assignment:_____

References Sent:_____ Day:_____

References Received:_____ Time:_____

Orientation:_____ Start Date:_____

Immunization Info Received: ____

Employee Health Scheduled: _____

Employee Health Clearance: _____

Kronos#:_____

For Office Use Only:

COMMENTS: