

VOLUNTEER SERVICES STUDENT INTERNSHIP APPLICATION
Beverly Hospital, Addison Gilbert Hospital, and Beth Israel Lahey Health Care Center
(BILHCC), Danvers
(978) 922-3000 X 2307

PERSONAL DATA

Name _____		Birth Date _____	
_____	_____	_____	_____
<small>first</small>	<small>last</small>		
Address _____			
_____	_____	_____	_____
<small>street</small>	<small>city</small>	<small>state</small>	<small>zip</small>
Home Phone () _____		Cell Phone () _____	
Email address _____			
Parent/Guardian Name: _____		() _____	
<small>name</small>		<small>Cell/Contact Number</small>	
Parent/Guardian Email: _____			
I would like to complete an internship at (<i>check all that apply:</i>)			
_____ Beverly Hospital in Beverly		_____ BILHCC, Danvers	
_____ Addison Gilbert Hospital in Gloucester			

EDUCATION

Name and address of high school and graduation date

<small>high school and graduation date</small>
Internship coordinator: _____ Phone # _____
Where do you hope to or plan to enroll in college, if known?

WORK/VOLUNTEER EXPERIENCE (*please attach resume, if available*)

Employment: Please include place of employment, position, and dates

Present and Previous Volunteer Experience. Please describe _____

Have you volunteered for the hospital before? YES _____ NO _____

If yes, list dates/location _____

INTERNSHIP/VOLUNTEER CAREER INTERESTS

Please answer the following (2-4 sentences each, minimum) and include with application submission.

Why do you want to participate in this internship?

What do you expect to gain from it?

What are your plans after high school?

What is your future career interest and why?

Describe a challenge you have faced and what you have learned from it.

Assume that you have unlimited resources and scientific expertise to create a new scientific technology, or markedly improve an existing technology. What would it be and how would you apply this technology to benefit humanity?

What else would you like to share about you?

INTERNSHIP REQUIREMENTS/DURATION

Student/Internship Starting Date: _____ Ending Date: _____

Total # of hours/weeks required to fulfill student/internship requirements _____

Hrs./weeks

Days of week and hours requested for internship:

Days/Hours	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

What does the school require of you for successful completion of your internship (i.e. journal, research paper, attendance sheet etc.)? **Please enclose a copy of the internship program materials from your school.**

PERSONAL REFERENCES

It is mandatory that all applicants submit the names of **two references**. Applicants for internships must provide the name of the internship coordinator as the first reference.

PLEASE DO NOT USE RELATIVES AS REFERENCES.

Please complete all sections, reference forms will be emailed.

1. Name _____
first last

Email address _____

Phone () _____ Relationship to Applicant _____

2. Name _____
first last

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 my volunteer/internship status is contingent upon compliance with hospital policies and procedures.

I understand the Volunteer Services Department reserves the right to terminate my volunteer/internship as any situation may dictate.

I understand I will not be compensated monetarily by the hospital for my internship.

I authorize the hospital to make inquiries to determine my suitability for placement.

I understand, Criminal Offender Record Information checks are required for all student volunteer positions if the applicant is 18 or over.

I understand that a health screening is required and that I must provide the hospital with a copy of my immunization records, including influenza.

Your Signature _____ Date _____

If under 18 years of age, the signature of a parent or guardian is also required.

Parent Signature _____ Date _____

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

For Office Use Only:

Info Meeting/Interview: _____

Health screen complete: _____

References Sent: _____

Assignment: _____

References Received: _____

Start Date: _____

Orientation: _____

Kronos # _____

Health appointment: _____