



## VOLUNTEER SERVICES APPLICATION

Beverly Hospital & Beverly Hospital @ Danvers  
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 _____		Birth Date _____	
first	last	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 in Beverly		_____ Beverly Hospital at Danvers	
_____ Addison Gilbert Hospital in Gloucester			

### EDUCATION

Name of high school or college <b>presently</b> 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. Please be willing to be flexible with your assignment choices as hospital needs are subject to change.

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:

- |   |   |
|---|---|
| <input type="checkbox"/> Child Care Center (BH only)        | <input type="checkbox"/> Department Greeter (Maternity & Surgery) |
| <input type="checkbox"/> Gift Shop (BH & AGH)               | <input type="checkbox"/> CCU, Emergency, Endoscopy Assistant      |
| <input type="checkbox"/> Patient Services (Transport, etc.) | <input type="checkbox"/> Information Desk (AGH & BH)              |
| <input type="checkbox"/> 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:\_\_\_\_\_

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For Office Use Only:

**COMMENTS:**