

ADULT VOLUNTEER APPLICATION

Addison Gilbert Hospital, Beverly Hospital
and Lahey Outpatient Center, Danvers

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

**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		_____ Lahey Outpatient Center, Danvers	
_____ Addison Gilbert Hospital (Gloucester)		_____ Cummings Center (Beverly)	

WORK / VOLUNTEER EXPERIENCE

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

Have you volunteered for or been employed by this organization before? YES___ NO___	
If YES, please give dates _____	
Present and Previous Volunteer Experience. Please describe _____	

How did you hear about volunteering for this hospital? _____	
Church bulletin _____ Internet _____ Brochure _____ Newspaper _____ Other _____	
If other, where? _____	
Are you a current college student? YES _____ NO _____	
If YES, _____	
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:
 Connecting Young Moms, Child Caregiver (BH only)
 Department Greeter (Surgery: BH & Lahey Outpatient Ctr, Danvers & Radiology: BH)
 Gift Shop (AGH & BH)
 Emergency Dept. Asst. (AGH & BH), Endoscopy Asst. (BH), CCU (BH)
 Information Desk Greeter/Escorter (AGH, BH & Lahey Outpatient Ctr, Danvers)
 Office Support (Audiology: BH, Radiology: Lahey Outpatient Center, 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: