Beth Israel Lahey Health
Anna Jaques Hospital

VOLUNTEER SERVICES APPLICATION

Thank you for your interest in volunteering at Anna Jaques Hospital.
Please complete all pages and return to the front lobby desk, Attn: Volunteer Services.

General Information

Last Name:	First Name:	Application Date:	
Address:		State:	Zip:
Phone:	Email:	Date of Birth:	
How were you referred to Anna Jaques Hospital?			
Why do you want to volunteer here/type of volunteer work preferred?			
Please describe any special skills, interests, community/professional affiliations or memberships:			
Date available to start:			

Educational Information

	Name and Location	Years Completed	Diploma/Degree	Major/Course of study
High School				
College				
Other School				

Schedule Information

Can you make a weekly, consistent commitment: Y/N____ Below add times you are available each day (i.e. 10-3pm).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Availability:							

Volunteer Experience

Please list any current or past volunteer service:

Organization:	Dates: From _____ To _____
Description of responsibilities:	
Organization:	Dates: From _____ To _____
Description of responsibilities:	

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Employment History

List current and past employer(s) beginning with most recent:

Employer Name:	**Dates:** From _____ To _____
Address:	
Position Title and Description:	
Employer Name:	**Dates:** From _____ To _____
Address:	
Position Title and Description:	

References

Provide the names of two references (that are not related to you):

Name	Phone	Relationship	Years Acquainted

Emergency Contact Information

In case of an emergency, please notify:

Contact Name: _____	Relationship: _____
Phone 1: _____	Phone 2: _____

Certification and Authorization

I affirm that the information on this application is true and complete. All Volunteer Applicants 18 years and older must complete a CORI evaluation (placement is contingent upon successful clearance). I understand that before I begin my volunteer services, I will review orientation materials and submit required health requirements to our Employee Health department proving immunity to Varicella, MMR, and Hepatitis B, as well as complete a mandatory TB test. The Flu Shot is MANDATORY annually during flu season (October – April).

_____ _____

Signature Date

_____ _____

Parent/Guardian Signature (if under 18) Date

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PARENT/GUARDIAN PERMISSION STATEMENT

Only required for applicants under the age of 18

I hereby give my child permission to volunteer at Anna Jaques Hospital. I understand that my child is expected to contribute a minimum of 50 hours of voluntary service, and I will support them in fulfilling this commitment. If their application is accepted, a confidential request for medical history will be sent for completion. After review by an Employee Health Nurse, parents will be contacted if any additional requirements are outstanding.

I give the Hospital permission to treat any medical emergency that may occur during the time in which my son/daughter is performing volunteer work.

_____ _____

Volunteer Signature Date

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Name Parent/Guardian Phone