**VOLUNTEER APPLICATION**
**Volunteer & Community Services**
**781-744-8803**
**volunteerservices@lahey.org**

**PERSONAL DATA:**

Name: _____ Date: _____

Present Address: _____
Street

_____
City/Town State Zipcode

Home Phone: _____ Cell Phone: _____

E-mail: _____

**EDUCATION:**

Please include schools, majors, degrees and/or highest education level completed.

_____

_____

**SPECIAL SKILLS AND COMMUNITY AFFILIATIONS:**

Please list and describe any special skills, interests, community or professional affiliations and memberships.

_____

_____

**BACKGROUND:**

How were you referred to Lahey Clinic? _____

_____

Why do you want to volunteer at Lahey Clinic? _____

_____

(Please turn page over)

**WORK EXPERIENCE:**

Present Employment: _____

_____

Past Employment: (please include place of employment, position and dates)

_____

Present and Previous Volunteer Experience: (Please describe and provide dates)

_____

_____

**SCHEDULE INFORMATION:**

To ensure that you derive the maximum benefits from your volunteer service, The Volunteer & Community Services Department requires that all volunteers give a minimum commitment of at least six months (one four hour shift per week increments).

Please check in the table below, the days and shifts in which you are interested.

| | Sunday* | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday* |
|---|---|---|---|---|---|---|---|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening* | | | | | | | |

What date can you begin? _____

*Very limited if any positions available during these times.

**REFERENCES:**

Provide the complete names and addresses of two people that are not related to you.
Signing below indicates permission to contact references provided.

| Name/Relationship | Address (include zip code) | Phone | Email Address |
|---|---|---|---|
| | | | |
| | | | |

**AUTHORIZATION:**

**Please read carefully:**

I affirm that the information on this application is true and complete. I understand that before I begin my volunteer services I will be interviewed, attend a mandatory orientation class, submit a health screening form proving immunity to measles, mumps, rubella or have a titre test drawn. I will also complete the mandatory TB test prior to my volunteer assignment.

All volunteer applicants must complete a background investigation application. Volunteer positions are contingent upon successful clearance of the background investigation.

_____ _____

Signature of Applicant Date