

VOLUNTEER SERVICES STUDENT INTERNSHIP APPLICATION
Beverly Hospital, Addison Gilbert Hospital, and Lahey Outpatient Center, Danvers
(978) 922-3000 X 2307

PERSONAL DATA

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

EDUCATION

Name and address of high school presently attending and graduation date

high school and graduation date
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/CAREER INTERESTS

Please answer the following (4-6 sentences each, minimum) on a separate sheet of paper, 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.
- Identify an issue facing high school students today, and what you think should be done about it.
- Share and explain one thing you would change about the world.
- Imagine you are a student intern in the hospital. While standing at the nurses' station a man asks you what room his family member is in and you can tell that he is quite angry. For the safety of the patient, what would you do next?
- 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 us to know about you?

INTERNSHIP REQUIREMENTS/DURATION

Internship Starting Date _____ Ending Date _____

Total # of hours/weeks required to fulfill 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.**

For Office Use Only:

Info Meeting/Interview:_____

Health screen complete:_____

References Sent:_____

Assignment:_____

References Received: _____

Start Date:_____

Orientation:_____

Kronos #_____

Health appointment:_____