

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

EDUCATION

Name and address of high school presently attending and graduation date

<small>high school and graduation date</small>
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.

- a) Why do you want to participate in this internship? What do you expect to gain from it?
- b) What are your plans after high school?
- c) What is your future career interest and why?
- d) Describe a challenge you have faced and what you have learned from it.
- e) Identify an issue facing high school students today, and what you think should be done about it.
- f) Share and explain one thing you would change about the world.
- g) 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?
- h) 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?
- i) 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.**

PERSONAL REFERENCES

It is mandatory that all applicants submit the names of **two references**. Applicants for internships must provide the name of the internship coordinator as the first reference.

PLEASE DO NOT USE RELATIVES AS REFERENCES.
Please complete all sections, reference forms will be emailed.

1. Name _____
first last

Email address _____

Phone () _____ Relationship to Applicant _____

2. Name _____
first last

Email address _____

Phone () _____ Relationship to Applicant _____

STATEMENT OF UNDERSTANDING

I affirm that the information provided on this application is true and complete.

I understand if I am accepted my internship status is contingent upon compliance with hospital policies and procedures.

I understand the Volunteer Services Department reserves the right to terminate my internship as any situation may dictate.

I understand I will not be compensated monetarily by the hospital for my internship.

I authorize the hospital to make inquiries to determine my suitability for placement.

I understand, Criminal Offender Record Information checks are required for all student volunteer positions if the applicant is 18 or over.

I understand that a health screening is required and that I must provide the hospital with a copy of my immunization records, including influenza.

Your Signature _____ Date _____
If under 18 years of age, the signature of a parent or guardian is also required.

Parent Signature _____ Date _____

Please return application and supporting documentation (short answers/resume) to jennifer.boucher@lahey.org or to the Volunteer Office at Beverly Hospital by Friday, February 14th at 4pm.

For Office Use Only:

Info Meeting/Interview:_____

Health screen complete:_____

References Sent:_____

Assignment:_____

References Received: _____

Start Date:_____

Orientation:_____

Kronos #_____

Health appointment:_____