

INTERESTS / SKILLS / HOBBIES

Please indicate your interests skills and hobbies: _____

WORK/VOLUNTEER EXPERIENCE

Have you volunteered for this organization before? YES _____ NO _____

If YES, please give dates _____

Other Volunteer Experience(s)? Please Describe:

How did you hear about volunteering for this hospital? _____

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**. More information about this commitment will be given at your information meeting.

Throughout the school year, students accepted to the volunteer program will be given an assignment after school one day per week from 3pm-5pm. During the summer, student volunteers may be placed in 2-3 assignments (each assignment being 3 hours). Please note: The Volunteer Services department does **not** assign students to volunteer evening or weekend volunteer shifts.

Please initial here to confirm that you understand this commitment: _____

PERSONAL REFERENCES

Two personal references must be submitted WITH your student volunteer application in order for your application to be complete. **One of these references must be from your school guidance counselor.** Other suitable references are: teachers, neighbors, employers, family friends, priests/pastors etc.

Please Note: You may not use relatives as references.

These reference forms are available for you to print on our website at www.beverlyhospital.org, or a personal reference letter may be substituted for the reference form.

STATEMENT OF UNDERSTANDING

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

-I understand if I am accepted, active volunteer status is contingent upon compliance with hospital policies and procedures and a mandatory health screening.

-I understand the Volunteer Services Department reserves the right to terminate my service as a volunteer.

-I understand I will not be compensated monetarily by the hospital for my volunteer services.

-I authorize the hospital to make any inquiries to determine my suitability for volunteering.

Your Signature _____ Date _____

For volunteers under age 18 ***the signature of a parent/guardian is required.***

Parent/Guardian Signature _____ Date _____

For Office Use Only:

Information Meeting: _____

Assignment: _____

References Sent: _____

Day: _____

CORI Sent: _____

Time: _____

References Received: _____

Start Date: _____

Orientation: _____

TB read: _____

Kronos#: _____

For Office Use Only:

COMMENTS: