STUDENT VOLUNTEER APPLICATION

Beverly Hospital, Addison Gilbert Hospital (Gloucester) and Lahey Outpatient Center, Danvers

Volunteer Services Office
85 Herrick St., Beverly, MA 01915
(978)922-3000 x2307

THE MINIMUM AGE FOR VOLUNTEERING IS 15.
This application is for STUDENT VOLUNTEERS (Ages 15-18)

PERSONAL DATA

Name_________________________ Birth Date________________
first last mo/day/yr

Address__________________________
street city state zip

Home Phone (   )________________________ Cell Phone (   )________________________

Email address ____________________________

Emergency Contact__________________________ (   )________________________
Name & relationship phone number

I want to volunteer at:
_____ Beverly Hospital
_____ Addison Gilbert Hospital (Gloucester)
_____ Lahey Outpatient Center, Danvers

EDUCATION

Name of high school attending and anticipated graduation date:

______________________________________
school date

MOTIVATION FOR VOLUNTEERING

Why do you want to volunteer? __________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Is this required? YES_____ NO_____ If Yes, for whom? school_____ church_____ court_____ other_____ # of hours required? _________ Completion date?_________

What experiences have you had with hospitals? How have they affected your attitudes?
__________________________________________________________________________________
__________________________________________________________________________________

1/23/2020
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:

<table>
<thead>
<tr>
<th>Information Meeting:_____________</th>
<th>Assignment:_______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>References Sent:_______________</td>
<td>Day:_______________________</td>
</tr>
<tr>
<td>CORI Sent:____________________</td>
<td>Time:______________________</td>
</tr>
<tr>
<td>References Received:_____________</td>
<td>Start Date:_______________</td>
</tr>
<tr>
<td>Orientation:____________________</td>
<td>TB read:_________________</td>
</tr>
</tbody>
</table>

Kronos#:__________________________

For Office Use Only:

COMMENTS:

1/23/2020