## 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 <u>STUDENT VOLUNTEERS</u> (Ages 15-18)

#### PERSONAL DATA

Name_	Birth Date	
first last	mo/day/yr	
Address		
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		
<del>*</del>		
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?		
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What experiences have you had with hospita	ls? How have they affected your	
attitudes?	5	

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 <b>50 HOURS per calendar year</b> . 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 <i>not</i> assign students to volunteer evening or weekend volunteer shifts.		

#### PERSONAL REFERENCES

Two personal references must be submitted <u>WITH</u> 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 initial here to confirm that you understand this commitment:\_\_

## 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 Depa service as a volunteer.	rtment reserves the right to terminate my	
-I understand I will not be compensated m services.	onetarily by the hospital for my volunteer	
-I authorize the hospital to make any inqu volunteering.	iries to determine my suitability for	
Your Signature	Date	
Your Signature For volunteers under age 18 <i>the signatur</i>	re of a parent/guardian is required.	
Parent/Guardian Signature	Date	
Especification Color		
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:**