

## Application For Volunteer Services

Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_  
 Please Print

Address: \_\_\_\_\_  
 Street City Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Employer / Occupation: \_\_\_\_\_

- Employed (Full / Part Time)     Self-Employed / Freelance     Unemployed     Retired  
 Student (Full / Part Time)     14 – 17 years of age

### Emergency contact information

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Business #: (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 address: \_\_\_\_\_

Education: High School \_\_\_\_\_ Graduation (or expected) Date: \_\_\_\_\_  
 College \_\_\_\_\_ Type of Degree or Certificate: \_\_\_\_\_

Volunteer Experience (Give agency / program and dates): \_\_\_\_\_  
 \_\_\_\_\_

Work Experience: \_\_\_\_\_  
 \_\_\_\_\_

Please indicate languages you can read and speak: \_\_\_\_\_

Is there any health reason that might limit your ability to volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**AVAILABILITY:** What date can you begin? \_\_\_\_\_ Can be active until? \_\_\_\_\_

- Hrs needed to complete for school class/internship: \_\_\_\_\_ (indicate total need)     Summer-time commitment only

Please indicate the positions/shifts/ and write two possible days of the week of most interest to you (you may indicate two shifts on the same day if you prefer to work a full day):

### Gift Shop Clerk

Reports to: Director of PI, manages day to day duties within the gift shop

- \_\_\_\_ 9am-12pm \_\_\_\_\_  
 \_\_\_\_ 12pm-3:30pm \_\_\_\_\_  
 \_\_\_\_ 3:30pm-6:30pm \_\_\_\_\_

### Bistro Clerk

Reports to: Director of Dietary, manages register in cafeteria, may assist with clean up at end of day

- \_\_\_\_ 10am -11:30am \_\_\_\_\_  
 \_\_\_\_ 1:30pm - 4pm \_\_\_\_\_  
 \_\_\_\_ 4pm - 6pm \_\_\_\_\_  
 \_\_\_\_ 12pm -3pm \_\_\_\_\_  
 \_\_\_\_ 3pm - 6pm \_\_\_\_\_

**Customer Service Representative**

Reports to: Director of PI, mans information area on second level, directs visitors

- \_\_\_\_\_ **10am-1pm** \_\_\_\_\_
- \_\_\_\_\_ **1pm-4pm** \_\_\_\_\_
- \_\_\_\_\_ **4pm-7pm** \_\_\_\_\_
- \_\_\_\_\_ **12pm-3pm** \_\_\_\_\_
- \_\_\_\_\_ **3pm-6pm** \_\_\_\_\_

**Inpatient Rehab Volunteer**

Reports to: Director of Rehab, assists with stocking, cleaning, and extra hands within Rehab dept., including transport of patients

- \_\_\_\_\_ **9am-12pm** \_\_\_\_\_
- \_\_\_\_\_ **1pm-4pm** \_\_\_\_\_

**Nursing Volunteer**

Reports to: Nurse Manager, assists with 1:1 visits with patients, stocking, filing, copying, chart preparation, meal delivery, transport of patients throughout hospital, and patient mail delivery.

- \_\_\_\_\_ **9am-1pm** \_\_\_\_\_
- \_\_\_\_\_ **12pm-4pm** \_\_\_\_\_
- \_\_\_\_\_ **4pm-7pm** \_\_\_\_\_

**Administrative Assistant (summer only)**

Reports to: Director of PI, clerical duties to include: copying, packet-making, filing, scanning

- \_\_\_\_\_ **9am-1pm** \_\_\_\_\_
- \_\_\_\_\_ **1am-5pm** \_\_\_\_\_

**Outpatient Rehab Volunteer**

Reports to: Director of Rehab, assists with stocking, cleaning, and extra hands within outpatient center, including clinic area maintenance and greeting of patients

- \_\_\_\_\_ **9am-12pm** \_\_\_\_\_
- \_\_\_\_\_ **1pm-4pm** \_\_\_\_\_

**Volunteer Coordinator**

Reports to: Director of PI, assists with scheduling of volunteers, phone interview with potential volunteers, and day to day management of program.

Flexible hours (minimum of 4 per week), indicate preference:

\_\_\_\_\_

**References:**

1. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_

How did you hear about us? Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Volunteer \_\_\_\_\_ Past Patient \_\_\_\_\_

Other (please specify) \_\_\_\_\_

The information on this application is true to the best of my knowledge. I give permission to contact the references I have listed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If applicant is a MINOR:

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**For Office Use Only:**

Interview \_\_\_\_\_ Orientation \_\_\_\_\_

TB Test \_\_\_\_\_ Health Screening \_\_\_\_\_

Drug Screen \_\_\_\_\_ 18 y.o.: CORI Check \_\_\_\_\_

Please return to: Robin Corsetto  
Whittier Rehabilitation Hospital  
145 Ward Hill Avenue  
Bradford, Massachusetts 01835