

Thank you for expressing an interest in Volunteering at Anna Jaques Hospital. Please complete both sides of the application and return to the Volunteer Services Office. **Junior Volunteers must be 16 years or older.**

**General Information**

Name: Last	First	Middle	Date of Application:
Address: Street	City	State	Zip
Home Phone: ( )	Cell Phone: ( )		
Date of Birth:	E-mail:		
How were you referred to Anna Jaques Hospital?			
Why do you want to volunteer at Anna Jaques Hospital?			

**Educational Data**

Name and Location	Number of Years Completed	Major course of study

**Special Skills and Community Affiliations**

Please list and describe any special skills, interests, community or professional affiliations, and memberships.

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**Volunteer Experience**

Please list any current or past volunteer service.

Organization:	Dates: From _____ To _____
Description of responsibilities:	

**Employment History**

Employer Name:	Dates: From _____ To _____
Address:	
Position Title and Description:	

**Schedule Information**

To ensure that you derive maximum benefits from your volunteer service, the Volunteer Department requires that all junior volunteers give a minimum commitment of at least 50 hours. Hours may be completed over an extended period of time.

Please check in the table below, the days and number of hours in which you are interested. **Summer only check here:** \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							

Can you make a weekly commitment? \_\_\_\_\_ Hours per week: \_\_\_\_\_ Date you can begin: \_\_\_\_\_

**Reference**

Provide the name a person not related to you. A teacher is acceptable

Name	Address	Phone	Relationship	Years Acquainted

**Emergency Contact Information**

In case of an emergency, notify \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Certification and Authorization**

Please read carefully.

*I affirm that the information on this application is true and complete. I understand that before I begin my volunteer services, I will be interviewed, attend a mandatory orientation class, submit a health screening form proving immunity to the chicken pox and measles, mumps, rubella or have a titre test drawn. I will also complete the mandatory TB test prior to my volunteer assignment. PLEASE NOTE: The Flu Shot is MANDATORY during flu season. Junior volunteers must provide proof of flu shot. Proof of COVID Vaccination is required.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Further Information**

For questions or further information, contact Jennifer Hilton, Manager of Volunteer Services.

Contact Information: Phone: (978)463-1150 Fax: (978)463-1307 Email: [jhilton@ajh.org](mailto:jhilton@ajh.org)

**For Volunteer Office Use Only**

Application Received \_\_\_\_\_ Interviewed \_\_\_\_\_ Orientation \_\_\_\_\_

Medical Clearance Sent to OH \_\_\_\_\_ TB \_\_\_\_\_ MMR \_\_\_\_\_ FLU \_\_\_\_\_ COVID Vaccine \_\_\_\_\_

Status: Accepted \_\_\_\_\_ Declined \_\_\_\_\_ CLEARED to Volunteer \_\_\_\_\_

Assignment and Schedule: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_

Badge ordered: \_\_\_\_\_

**JUNIOR VOLUNTEER PROGRAM**

**PARENT/GUARDIAN PERMISSION STATEMENT**

I hereby give my son/daughter permission to volunteer at Anna Jaques Hospital. I understand that my son/daughter is expected to contribute a minimum of 50 hours of voluntary service, and I will support him/her in fulfilling this commitment. Volunteer hours may be completed over an extended period of time.

After review of the confidential medical history questionnaire by the Occupational Health Nurse, parents will be contacted if additional information is required in order to complete screening of the volunteer applicant.

Given the state of vaccination requirements, it is preferable that your son/daughter be vaccinated through your family physician. If it is not possible for you to obtain the necessary vaccinations through your family physician, please contact the Volunteer Office at (978)463-1150.

Please Note: All junior volunteers will be required to get a Flu Shot during flu season. Documentation of the Flu Shot is required annually. The Hospital does NOT provide the Flu Shot for Junior Volunteers. Junior volunteers must provide proof of COVID Vaccination.

I also give the Hospital permission to treat any medical emergency that may occur during the time in which my son/daughter is performing volunteer work.

Applicant Name: \_\_\_\_\_

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

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

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**Hospital Volunteer Release Form**

*In the wake of the current public health climate of COVID-19, Anna Jaques Hospital has implemented a process to help protect the safety of volunteers as we continue to operate in furtherance of our mission. Where it is understood that COVID-19 is a contagious respiratory disease, Anna Jaques Hospital is taking certain additional precautions to ensure the utmost safety and welfare of our staff, patients, volunteers, and visitors. This Hospital Volunteer Release Form is one such precautionary step, and must be signed by all participants prior to participation in any volunteer programming at Anna Jaques Hospital.*

I, \_\_\_\_\_ [volunteer name], hereby agree and acknowledge that I am solely responsible for my choice to engage in the volunteer program (the "Program") at *Anna Jaques Hospital*, and voluntarily choose to participate in the program. I therefore assume all dangers and risks inherent with participating.

I acknowledge and understand that I will be required to abide by all of *Anna Jaques Hospital's* policies and procedures, including but not limited to any policy or procedure implemented in response to COVID-19 that may include requirements to wear masks and other personal protective equipment, daily symptom attestation, as well as other policies and procedures.

I understand that by participating as a volunteer in the Program at this time, I may be exposed to certain dangers and risks, including but not limited to all risks associated with contracting COVID-19.

By signing below, I hereby acknowledge that I have been informed of the risks of illness or injury that may be associated with volunteering at *Anna Jaques Hospital* and its sites and voluntarily assume these risks.

I consent to emergency medical treatment, including, but not limited to, COVID-19 testing, and transportation as medical professionals may deem appropriate in the event that I suffer an injury or exposure to a COVID positive individual arising out of my participation in the Program.

I understand that due to the fast-changing nature of the current environment and the state of emergency, *Anna Jaques* has the right to evaluate the risk to volunteers, patients and the public health and to cancel the Program based on that evaluation if needed.

I, \_\_\_\_\_ have read the statement understand it, and agree to abide by it.  
(Print Name)

Volunteer: \_\_\_\_\_  
(If under 18 years old Parent/Guardian must sign)

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