



VOLUNTEER SERVICES APPLICATION

Thank you for expressing an interest in Volunteering at Anna Jaques Hospital. Please complete all three pages of the application and return to the Volunteer Services Office.

General Information

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

Educational Data

Schools Attended	Name and Location	Number of Years Completed	Diploma/Degree	Major course of study
High School				
College				
Other School				

Special Skills and Community Affiliations

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

Foreign Language Proficiency

Indicate Fair, Good or Fluent	Language	Speaking	Reading	Writing

Volunteer Experience

Please list any current or past volunteer service.

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

Employment History

List current and past employers beginning with most recent.

Employer Name:	Dates: From _____ To _____
Address:	
Position Title and Description:	
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 volunteers give a minimum commitment of at least 100 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.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Type of volunteer work preferred: _____

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

References

Provide the names of two people that are not related to you.

Name	Address	Phone	Relationship	Years Acquainted

Emergency Contact Information

In case of an emergency, notify _____	Phone: _____
Relationship: _____	



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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.

All Volunteer Applicants 18 years and older must complete a CORI evaluation form. Volunteer positions are contingent upon successful clearance of CORI evaluation.

Signature of Applicant

Date

Further Information

For questions or further information, contact Cheryl Satryb, Director of Volunteer Services, or Amanda LaPlante, Volunteer Department Secretary.

Contact Information:

Phone: (978)463-1150
Fax: (978)463-1307

E-mail: csatryb@ajh.org
alaplante@ajh.org

For Volunteer Office Use Only

Application Received _____ Interviewed _____

Orientation _____ OSHA _____

Medical Clearance Sent to OH _____ TB _____ MMR _____ Clearance _____

Status: Accepted _____ Rejected _____ Deferred _____

Assignment and Schedule _____

Supervisor _____ Extension _____

Start Date: _____ Badge ordered: _____

