

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: ()		
Birth Month and Day	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.

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.

Summer Only _____

	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: _____ Cell Phone: _____

VOLUNTEER SERVICES APPLICATION

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 annually. Flu shots are available Free of Charge at Anna Jaques Hospital. Volunteers must provide proof of COVID vaccination.

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.

Contact Information:

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

E-mail: csatryb@ajh.org

For Volunteer Office Use Only

Application Received; _____ Interviewed: _____

Orientation: _____ OSHA: _____

Medical Clearance Sent to OH _____ TB _____ MMR _____ FLU _____ COVID VACCINE _____

Status: Accepted _____ Declined _____ CLEARED to Volunteer _____

Assignment and Schedule: _____

Supervisor: _____ Extension _____

Start Date: _____ Badge ordered: _____



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: _____