

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 14 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**

List current and past employers beginning with most recent.

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.*

\_\_\_\_\_  
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 Email: [csatryb@ajh.org](mailto:csatryb@ajh.org)

## For Volunteer Office Use Only

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

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

Status: Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Deferred \_\_\_\_\_

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.

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: \_\_\_\_\_