



Baystate Health

ADVANCING CARE.
ENHANCING LIVES.

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name: _____ Phone: _____

Cell: _____

Address: _____

City, State, Zip _____

Email (if used): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relation to Applicant: _____ Phone: _____

Address: _____

City, State, Zip _____

EDUCATION

School Name	Address	# Years Attended	Diploma / Degree?

VOLUNTEER EXPERIENCE

Dates (From / To)	Organization	Assignments / Responsibilities

EMPLOYMENT HISTORY

Dates (From / To)	Employer	Assignments / Responsibilities

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SPECIAL SKILLS / LICENSES / CERTIFICATIONS / HOBBIES / INTERESTS

REASON FOR VOLUNTEERING

Are you under 18 years of age? ___ Yes ___ No

If any information relevant to the next two questions (felonies and misdemeanors) is classified as a “sealed” record, then you may answer “No” to both questions:

- Have you ever been convicted of a felony? ___ Yes ___ No
- Have you ever been convicted of any misdemeanor or released from incarceration resulting from a conviction for a misdemeanor within the last five years? ___ Yes * ___ No

** Do not answer “yes” if it was a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violation, affray, or disturbance of the peace).*

I certify that all statements on this application are true and complete to the best of my knowledge. I grant permission to Baystate Health / Baystate Home Health to investigate references needed to complete the application process and I release the same from any liability resulting from such investigation. Volunteers who are at least 18 years old acknowledge that they will be subject to and must be cleared by a criminal background check. If selected as a Volunteer, I understand that any omission, misrepresentation, or falsification of this record may be considered cause for termination. I further understand that as a condition of volunteering, Baystate Home Health requires that I be cleared through its own Health Services. If selected as a Volunteer, I will be required to attend a Volunteer Orientation as well as additional training as necessary. I will be required to sign a Confidentiality Policy Statement. I agree to observe all hospital and home health regulations and policies. I understand that Volunteers are not covered by Worker’s Compensation and that I am responsible for maintaining my own health insurance. I voluntarily offer my services with a clear understanding there will be no monetary compensation and that volunteering does not lead to employment.

Signature: _____ Date: _____

Baystate Health is a smoke free and drug free work environment. Reasonable good faith efforts are made to recruit and select volunteers on the basis of role requirements and affirmative action. Selecting volunteers is made without regard to race, color, religion, sex, age, national origin, disability, ancestry, sexual orientation, veteran or Vietnam era status or other factors unrelated to job performance, skills, knowledge, and abilities.

Send Application To: Baystate Pediatric Palliative Care, Attn: Laurie Gilbert, Volunteer Coordinator
75 Springfield Road Westfield, MA 01085 or email to Laurie.Gilbert@Baystatehealth.org