

Volunteer Application

(Please print)

Today's date: _____

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street)

(City) (State) (Zip)

Date of Birth: _____

Telephone Number: Home (_____) _____ Work/Cell (_____) _____

E-mail Address (**REQUIRED**) – if no personal email available, please provide an email address of a friend, neighbor or relative who will receive hospital related communications on your behalf:

EDUCATION

High School/College/Trade School	Major/Degree Emphasis	Did you graduate from this school?
1.		
2.		

EMPLOYMENT/EXPERIENCE

- Currently Work Full-time
 I am Retired
 I am self-employed
 Currently Work Part-time
 Not currently working

Present (or most recent) Employer: _____

Job Title: _____ Supervisor's Name: _____

Phone Number: (_____) _____ Years at this job: _____

Responsibilities: _____

Previous Employer: _____

Job Title: _____ Supervisor's Name: _____

Phone Number: (_____) _____ Years at this job: _____

Responsibilities: _____

VOLUNTEER EXPERIENCE

Name of Organization: _____

Phone Number: (_____) _____ Years volunteering there: _____

Responsibilities: _____

Name of Organization: _____

Phone Number: (_____) _____ Years volunteering there: _____

Responsibilities: _____

Have you been a Noble Volunteer before? Yes _____ No _____

If yes, which department/responsibilities? _____

YOUR VOLUNTEER AVAILABILITY/hours

Monday/hours _____

Tuesday/hours _____

Wednesday/hours _____

Thursday/hours _____

Friday/hours _____

Saturday/hours _____

Sunday/hours _____

Volunteer service area preferred:

- Patient Interaction (Directly interfacing with patients)
- Office Assistance (Clerical duties/minimal patient interaction)
- Support Operations (Non-clerical)

Preferred Department(s): _____

Languages (other than English): _____ Speak Read Write

Please tell us your reason for volunteering at Noble: _____

Computer Skills

Microsoft Word	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Excel	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft PowerPoint	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Outlook Email	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Please list your other skills or experience that would be helpful in your volunteer position:

CONFIDENTIALITY

I understand and agree that at no time will any information regarding patients, employees of Baystate Noble Hospital, and the organization be revealed to anyone other than those authorized to receive it.

I understand that the giving of information concerning a patient, employees and/or the organization to those not authorized to receive such information is a breach of confidentiality and will be sufficient cause for dismissal.

BACKGROUND CHECKS

If you are selected as a qualified applicant, a background check will be conducted through the Criminal History Systems Board, the Sexual Offender Registry Board, the Office of the Inspector General, the Social Security Administration, and the Department of Homeland Security. The results of the background check may disqualify you from volunteering. Any offer of volunteering opportunities extended to you may be revoked if the result of the background check is not satisfactory.

VOLUNTEER CODE

I understand that if I am accepted as a volunteer at Baystate Noble Hospital, I must abide by all of the Hospital's policies and regulations. I further agree to be prompt and reliable in my service and will perform assigned duties to the best of my ability.

I voluntarily offer my services with clear understanding that there is no monetary compensation.

I understand that any false statements made as a part of this application may be sufficient cause for my dismissal.

Print Name: _____

Signature: _____

Date: _____

Volunteer Services – REFERENCES

NAME: _____

REFERENCES: Please fill in **all 3** references below

Reference Name:

Street Address:

City, State, Zip

Phone:

E-Mail:

Relationship:

Reference Name:

Street Address:

City, State, Zip

E-Mail:

Relationship:

Reference Name:

Street Address:

City, State, Zip

Phone:

E-Mail:

Relationship: