

LIFESPAN

Affiliates: Rhode Island Hospital Hasbro Children's Hospital The Miriam Hospital Bradley Hospital

Volunteer Application

All information must be completed even if resume is attached. Please print.

Are you younger than 18 years of age? No Yes If yes, how old? _____

PERSONAL			Date:	
Last Name	First	Middle	Social Security Number	
Address		City	State	Zip Code
Telephone	Business Telephone	Email	Date of Birth (Month) ____ / (Day) ____	
Emergency Name and Number:				

EDUCATION				
School/College	Location of School	Last Year Completed	Diploma/Degree Major/Minor	
High School		9 10 11 12	Year: _____ ____ Yes ____ No	
College		1 2 3 4	Year: _____ ____ Yes ____ No	
Graduate School		Dates Attended:	Year: _____ ____ Yes ____ No	
Other schools or special training, or other skills:				

WORK & VOLUNTEER EXPERIENCE		
LIST BELOW PRESENT EMPLOYER		
Name of Employer	Type of Business	Employer's Telephone ()
Previous Work Experience		
Previous Volunteer Experience		

PERSONAL OR CHARACTER REFERENCES (give business, professional or counselor/teacher—not relatives)		
Name _____	Telephone _____	Relationship _____
Name _____	Telephone _____	Relationship _____

Please Answer the Following Questions:

Are you doing this for course/Community Service? _____

If yes, how long? _____

Contact person at school/community center? _____ Telephone _____

Do you speak any foreign languages? _____

Please list any special skills, interests and/or other hobbies: _____

How did you hear of our volunteer program? _____

Why do you wish to volunteer? _____

What do you expect or need from this experience? _____

What type of volunteer work are you interested in? _____

Days of the week you are available: _____

Hours you are available: _____

Have you ever been convicted of a felony? _____ If yes, explain: _____

- I understand that my volunteer work is contingent upon my completing a communicable disease Health Record and obtaining a PPD Test (Tuberculin Tine Test).l
- I agree to maintain strict patient confidentiality in my position as a volunteer.
- I understand that any false statements, concealment or withholding of information on this application or in any aspect of the application process is sufficient cause for withdrawing an offer to participate in the volunteer program or dismissal if I am already placed in a volunteer position.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Placement:		Supervisor and Extension:		
Assigned Day (s):	Assigned Hours:	Orientation Date:		
Training Date:	START DATE:	TERMINATION DATE:		
Interview Initials:	Immunization:	PPD Test	Rubella	MMR
Date:	Date: _____	_____	_____	_____

TYPE OF VOLUNTEER: _____ Adult _____ College Student _____ Jr. (Permission Slip _____)
_____ Intern/Extern _____ Other _____

NOTES: