

# LIFESPAN

Affiliates: Rhode Island Hospital Hasbro Children's 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? \_\_\_\_\_

<b>PERSONAL</b>		<b>Date:</b>	
Last Name	First	Middle	
Address	City	State	Zip Code
Telephone	Business Telephone	Email	
Emergency Name and Number:			

<b>EDUCATION</b>						
School/College	Location of School	Last Year Completed				
High School					Year of Graduation:	
		9	10	11	12	
College					Year of Graduation:	
		1	2	3	4	
Graduate School		Dates Attended:			Year of Graduation:	
Other schools or special training, or other skills:						

<b>WORK &amp; VOLUNTEER EXPERIENCE - LIST BELOW PRESENT EMPLOYER</b>		
Name of Employer	Type of Business	Employer's Telephone
		( )
Previous Work Experience		
Previous Volunteer Experience		

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

**Please Answer the Following Questions:**

Are you doing this for a course or 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 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? \_\_\_\_\_

- I understand that my volunteer work is contingent upon my completing a communicable disease Health Record and obtaining a PPD Test (Tuberculin Tine Test).
- 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:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>				
<b>Placement:</b>		<b>Supervisor and Extension:</b>		
<b>Assigned Day (s):</b>	<b>Assigned Hours:</b>	<b>Orientation Date:</b>		
<b>Training Date:</b>	<b>START DATE:</b>	<b>TERMINATION DATE:</b>		
<b>Interview Initials:</b>	<b>Immunization:</b>	<b>PPD Test:</b>	<b>BCI Faxed:</b>	<b>BCI Results:</b>
<b>Date:</b> _____	_____	_____	_____	_____

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