



APPLICATION FOR VOLUNTEER SERVICE

- Salem Hospital
- North Shore Children's Hospital
- Union Hospital
- Partners Home Care

For Office Use

Application Received _____
 Status _____
 Schedule _____

PERSONAL

Name: _____ Date of Birth: _____
(mo./day)

Home Address: _____
(Street & #) (City, State) (zip code)

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Reference (personal & professional):

1. _____
(Name) (Street & #) (City) (Phone)

2. _____
(Name) (Street & #) (City) (Phone)

Physical Limitations: _____ Presently under Drs. Care? _____

EDUCATION & EMPLOYMENT

Status: Working Full-time _____ Part-time _____ Retired (yr.) _____
 Student _____ Other _____

Occupational History (Employers and dates): _____

Education (circle current/last year completed):

Grade 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 +

Name of High School: _____ College: _____ Degree: _____

Special Training: _____ Vocational Goal (if student): _____

GENERAL INFORMATION

Have you ever been convicted of a felony? Yes No If yes, give date & detail of conviction: _____

Do you speak another language fluently (which)? _____

Do you have any group affiliation? (civic, religious, etc.) _____

Please list any skills, hobbies, and special interests: _____

Describe any previous volunteer experience: _____

How did you hear about volunteering at NSMC? _____

Type of volunteer work preferred: _____

AVAILABILITY

Can you make a weekly commitment? _____ Number of hours per week: _____

Day(s) preferred: _____ Weekend availability: _____

Time of day preferred: _____

Are you willing to be called upon for special projects? _____

Is there anything else we should know about your availability (or lack of)? _____

Signature of Applicant: _____

(Parent or guardian required if under 18 years of age)