

VOLUNTEER SERVICES

Type of Volunteer Assignment you prefer:

Where do you wish to Volunteer? (check all that apply):

- Baystate Medical Center
 Baystate Franklin Medical Center
 Baystate Mary Lane Hospital
 BVNAH

VOLUNTEER APPLICATION

Name: _____ Gender (Check one) M F

Mailing address if different from permanent address: _____

Permanent address: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Email: _____

Emergency Contacts

1. Name: _____ Relationship: _____
 Home Phone or Cell: _____ Work Phone: _____

2. Name: _____ Relationship: _____
 Home Phone or Cell: _____ Work Phone: _____

Employment History

Availability

Retired: Yes No

Employer (Current):

Street: _____

City: _____ State _____ Zip _____

Job Title: _____

Specialty: _____

Primary Responsibilities: _____

Employer (Most Recent):

Street: _____

City: _____ State _____ Zip _____

Job Title: _____

Primary Responsibilities: _____

Reasons for leaving: _____

Have you ever been employed by a Baystate Health subsidiary (BMC, BMERF, BFMC, BMLH, BVNAH, etc.)?

Yes No

Date: _____

Job Title: _____

Supervisor: _____

Dept: _____

Location: _____

Minimum 3 hour time blocks, once a week required.

Sunday _____ Hours Monday _____ Hours

Tuesday _____ Hours Wednesday _____ Hours

Thursday _____ Hours Friday _____ Hours

Saturday _____ Hours

Highest Level of Education

School Name	Address	#Yrs Attended	Diploma or Degree?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Volunteering

Volunteer Experiences

1. From: _____ To: _____
 Volunteer Assignments and Responsibilities: _____

1. From: _____ To: _____
 Volunteer Assignments and Responsibilities: _____

Interests / Hobbies

Are you a U.S. citizen? Yes No

If no, do you hold permanent resident status for the U.S. Yes No

If not a permanent resident, list country of citizenship: _____

What type of Visa do you hold: _____

(Please note: This opportunity is not available to holders of B-1, B-2, H1-B or H4 type Visas)

Are you under 18 years of age? Yes No

If yes, please indicate birthday: _____

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:

Yes No 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?

(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 (BH) 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, BH requires that I be cleared thru its own Health Services. If selected as a Volunteer, I will be required to attend a Volunteer Orientation as well as additional training where necessary. I will be required to sign a Confidentiality Policy Statement. I agree to observe all hospital 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: _____

To be completed by Parent/Guardian if under 18 years of age:

I hereby consent to my son/daughter serving as a volunteer for Baystate Health.

Parent/Guardian Name: _____ 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 bonafide 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.