

## APPLICATION FOR VOLUNTEER SERVICE

- MassGeneral *for* Children at NSMC
- NSMC Salem Hospital
- NSMC Union Hospital

### For Office Use

Application Received \_\_\_\_\_  
Status \_\_\_\_\_  
Schedule \_\_\_\_\_

### PERSONAL

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mo./day)

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

Cell/Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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)