

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? _____

| | | | |
|----------------------------|--------------------|--------------|----------|
| PERSONAL | | Date: | |
| Last Name | First | Middle | |
| Address | City | State | Zip Code |
| Telephone | Business Telephone | Email | |
| Emergency Name and Number: | | | |

| | | | |
|---|--------------------|---------------------|----------|
| EDUCATION | | | |
| School/College | Location of School | Last Year Completed | |
| High School | | 9 | 10 11 12 |
| College | | 1 | 2 3 4 |
| Graduate School | Dates Attended: | Year of Graduation: | |
| 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 | | |

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 or misdemeanor? _____

- 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: _____

FOR OFFICE USE ONLY:

| | | | |
|--|------------------------|---------------------------|---------------------|
| Placement: | | Supervisor and Extension: | |
| Assigned Day (s): | Assigned Hours: | Orientation Date: | |
| Training Date: | START DATE: | TERMINATION DATE: | |
| Interview Initials: Date: _____ | Immunization: _____ | PPD Test: _____ | BCI Faxed: _____ |
| TYPE OF VOLUNTEER: _____ Adult _____ College Student _____ Jr. (Permission Slip _____) | | | |
| _____ Intern/Extern _____ Other _____ | | | |
| NOTES: | | | |

Thank you for registering for a volunteer services information session.

Please note the directions below:

Directions to the Collis Conference Room

The Collis Conference Room is located in Hasbro Children's Hospital, Room 150. Please park in the Eddy Street Parking Lot, which is located in front of the main entrance for Rhode Island Hospital. We will provide you with a parking coupon, so you will not have to pay to park. Please enter through the Hasbro Children's Hospital revolving doors and take a left. Proceed down the hallway and take your first right after the elevators. Go through the double doors, and the Collis Conference Room is the 2nd door on the left.