LIFESPAN

Affiliates: oRhode Island Hospital oHasbro Children's Hospital

Volunteer Application

All information must be completed even if resume is attached. Please print.

Date:

Middle

Are you younger than 18 years of age? oNo oYes If yes, how old?_____

First

PERSONAL

Last Name

| Address | | City | | | State | Zip Code | |
|-----------------------------------|---------------------|-----------------|-------------------|------|------------|----------|------------------|
| Email | Cell Phone | | | | Home Phone | | |
| Emergency Name and Number: | | | | | | | |
| | | | | | | | |
| EDUCATION Salvas/Callaga | Lagation of Calcal | Tas | . 4 3 7.00 | Ca | | | |
| School/College High School | Location of School | Las | st rea | r Co | mpleted | | |
| Ingii School | | 9 | 10 | 11 | 12 | | |
| College | | 1 | 2 | 3 | 4 | Yea | r of Graduation: |
| Graduate School | | Dates Attended: | | | | Yea | r of Graduation: |
| Other schools or special trainin | g, or other skills: | | | | | | |
| WORK & VOLUNTEER | EXPERIENCE - LIST B | BELOV | V PR | ESEN | NT EMP | LOYER | |
| Name of Employer | Туре | of Bus | iness | | | _ | yer's Telephone |
| Previous Work Experience | | | | | | | |
| Previous Volunteer Experience | | | | | | | |
| | | | | | | | |
| | | | | | | | , , , |

| Please answer the follow | ving questions: | | | | | | | | | | | | | | | |
|-------------------------------------|---------------------|---------------------------|-----------------------|--|--|--|--|--|---|--|---|--|--|--|--|--|
| Do you speak any foreign languages? | | | | | | | | | | | | | | | | |
| | | | | | | | | What type of volunteer work are you interested in? | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | obtaining a PPD Test (T I agree to maintain strict I understand that any fathe application process is am already placed in a v | Tuberculin Tine Test). It patient confidentiality in my alse statements, concealment of sufficient cause for withdra | y position as a volunteer. or withholding of informat wing an offer to participa | nunicable disease Health Record and ion on this application or in any aspect of te in the volunteer program or dismissal if I | | | | | |
| FOR OFFICE USE ON | LY: | | | | | | | | | | | | | | | |
| Placement: | | Supervisor and Extension: | | | | | | | | | | | | | | |
| Assigned Day (s): | Assigned H | lours: | Orientation Date: | | | | | | | | | | | | | |
| Training Date: | START DA | ATE: | TERMINATION DATE: | | | | | | | | | | | | | |
| Interview Initials: 1 Date: | Immunization: PPD T | Fest: BCI Faxed: | | | | | | | | | | | | | | |
| TYPE OF VOLUNTEER: | Adult | College Student | Jr. (Permission Slip) | | | | | | | | | | | | | |
| NOTES: | | | | | | | | | | | | | | | | |