

## Adult Volunteer Application

Dear Applicant,

Thank you for your interest in volunteering at Beth Israel Deaconess Hospital-Plymouth. Our program is one of the finest volunteer efforts in the healthcare community. As an applicant to the volunteer program at Beth Israel Deaconess Hospital-Plymouth, it is important you are aware of what is expected of our volunteers as we strive to fulfill our mission to “improve the health and well-being of our patients and community by providing a full continuum of health care services with excellence and compassion.” A volunteer position at Beth Israel Deaconess Hospital-Plymouth involves a serious commitment and a high level of responsibility. It is a structured program that supplements and complements the goals of the hospital. We depend on our volunteers and need them to be responsible in fulfilling their commitment to the hospital.

BID-Plymouth is regionally recognized for its excellence in medical care and services; and the Department of Volunteer Services is fortunate to have many interested individuals applying for positions. The number of applicants exceeds the number of positions we have to offer. We endeavor to accept only those who we feel will be successful in achieving our goals.

Many factors are taken into consideration in making our decisions; and unfortunately, not everyone who submits an application will be chosen. We rely on our screening process to ensure that candidates will be a “good fit” for our organization. Volunteers must have good communication and customer service skills; an ability to synthesize information and problem solve; a sense of mission that is consistent with our organization; a positive attitude, personal accountability and openness to feedback. In addition, a commitment of 100 hours over 6 months is required.

Enclosed you will find the questionnaire and application forms for the program. Please take a few minutes to complete these forms and return them to our office either by mail or email at [volunteerservices@bidplymouth.org](mailto:volunteerservices@bidplymouth.org). Your information will be reviewed. If we feel we have an appropriate opening that will match your preferences, skills and availability, we will be in touch to set up an appointment for an interview. Appropriate placements are not always available and not everyone who applies is accepted into the program. **Incomplete applications will not be considered.**

If you are selected after the interview, a background check will be completed and you will have to make an appointment with our Occupational Health Department at 508.732.0401. **The background check form is attached to this. Please complete this and send it back WITH A COPY OF YOUR LICENSE/ID with it or it cannot be processed.** Please note all volunteers are required to have their MMR, TB/Mantoux, Varicella, Flu in season and their original Covid series, plus one booster. PLEASE BRING A COPY OF YOUR IMMUNIZATION RECORD(S) TO THIS APPOINTMENT. Most volunteer one day per week for a 4-6 hour shift. Our volunteers find their time spent at the hospital to be a very rewarding experience.

If you have any questions, or need additional information, please feel free to contact the Volunteer Office at 508.830.2075 or by email at [volunteerservices@bidplymouth.org](mailto:volunteerservices@bidplymouth.org). Thank you for your interest in Beth Israel Deaconess Hospital-Plymouth and for supporting us as we strive to fulfill our mission, vision and values.

Sincerely,

*Melissa Spicer*

Manager of Volunteer Services

## VOLUNTEER QUESTIONNAIRE

Name: \_\_\_\_\_  
(Please Print)

1. Are you prepared to commit to a minimum of 100 hours over 6 months of service and a minimum of one four-hour shift per week?  
Yes \_\_\_\_ No \_\_\_\_
2. Please tell us why you would like to volunteer at Beth Israel Deaconess Hospital-Plymouth.
3. Please describe for us a time when you have interacted with someone who was ill or recovering from a physical or mental illness. What were your challenges and successes?
4. Please list and describe any volunteer positions you have previously held.
5. Please tell us about any work or life experiences that you think has prepared you to succeed as a hospital volunteer.
6. Do you have any special skills, talents or interests that you would be willing to share with us?

## ADULT VOLUNTEER SERVICES APPLICATION

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address: \_\_\_\_\_  
(Street Name and # ) (Town) (Zip Code)

Mailing Address if Different from Street Address:

\_\_\_\_\_

Phone # ( \_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_ ) \_\_\_\_\_ Cell # ( \_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you ever been a volunteer before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: where: \_\_\_\_\_

If you work or have worked in the past please list the type of work you do/did:

What type of volunteer commitment can you make?

Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Hours: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

### Volunteer Preference:

Work directly with the public/people: Escort, Reception Areas, Clinical Support,  
Food Services and Gift Shop \_\_\_\_\_

Clerical Positions: Filing, Mailing Projects, Copying, Collating, etc. \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Applicant Signature: \_\_\_\_\_  
Typed name accepted as Electronic Signature

Once received, your information will be reviewed. If we feel we have an appropriate opening that will match your preferences, skills and availability, we will be in touch to set up an appointment for an interview.

If you are not contacted and are interested in joining our team at a later date, we will be happy to accept a new application from you in a year's time. Again, thank you for your interest in Beth Israel Deaconess Hospital-Plymouth and supporting us as we strive to fulfill our mission, vision and values.

### **Please Return To:**

**Beth Israel Deaconess Hospital-Plymouth**

***Volunteer Services***

275 Sandwich Street

Plymouth, MA 02360

Or via email to: [volunteerservices@bidplymouth.org](mailto:volunteerservices@bidplymouth.org)

**Beth Israel Deaconess Hospital-Plymouth Volunteer Services**  
**275 Sandwich Street, Plymouth, MA 02360**  
**508.830.2075**

We request that you provide us with **three (3)** references who can be either a friend (over 18 years of age), former employer, teacher, etc. (**not a relative**). Please include their name, full mailing address (including PO Box) and telephone number so we can contact them. After completing this form, please sign and date the release section at the bottom of this page and return it to Volunteer Services.

**Applicant Name:** \_\_\_\_\_  
(Please print)

**1. Reference:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Reference:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**3. Reference:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**I give permission for Beth Israel Deaconess Hospital-Plymouth Volunteer Services to contact and obtain a personal reference from the people I have listed above.**

Name of Applicant: \_\_\_\_\_  
(Please Print)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Typed name accepted as Electronic Signature

## COMMITMENT FROM

As an applicant to the Volunteer Program, I understand I am making a formal commitment of 100 hours to the Beth Israel Deaconess Hospital-Plymouth and fully intend to fulfill this commitment. I also understand that Volunteer Services will not sign-off on any community service forms until the entire 100 hour commitment has been met. Please sign this form and return it to the Volunteer Office.

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_  
Typed name accepted as Electronic Signature

Date: \_\_\_\_\_

**BETH ISRAEL DEACONESS HOSPITAL-PLYMOUTH VOLUNTEER SERVICES  
EMERGENCY CONTACT INFORMATION**

Volunteer's Name: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Volunteer's Physician: \_\_\_\_\_

Physician's Office Telephone No.: \_\_\_\_\_

Thank you from the office of Volunteer Services



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



## Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

**Beth Israel Hospital Plymouth** is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. **Beth Israel Hospital Plymouth** has authorized GLOBAL HR RESEARCH to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to GLOBAL HR RESEARCH to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Beth Israel Hospital Plymouth** with written notice of my intent to withdraw consent to a CORI check.

I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **Beth Israel Hospital Plymouth** to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

GLOBAL HR RESEARCH, on behalf of **Beth Israel Hospital Plymouth** may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature of CORI Subject

\_\_\_\_\_  
Date



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_ Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_ Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: XXX - \_\_\_\_\_ - \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt # or Suite: \_\_\_\_\_ \* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

**SUBJECT VERIFICATION – TO BE COMPLETED BY THE EMPLOYER**

\* The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_

I certify that **Beth Israel Hospital Plymouth** is in compliance with all applicable state and federal consumer reporting statutes, and will not misuse any information in violation of federal or state equal employment opportunity laws or regulations.

VERIFIED BY: \_\_\_\_\_

\*Name of Verifying Employee (Please Print)

\_\_\_\_\_  
\*Signature of Verifying Employee

\*Permissible Purpose:  Employment: Applicant  Employment: Current Employee  Americorps Program  
 Employment: Sub-contractor  Volunteers/Interns: Applicant  Volunteers/Interns: Current

\*This individual is reasonably expected to earn annually:  Over \$75,000  Under \$75,000