

Dear Applicant,

Thank you for your interest in the College Volunteer Program at Beth Israel Deaconess Hospital-Plymouth (BID-Plymouth). Our program is one of the finest volunteer efforts in the healthcare community. As an applicant to the volunteer program at BID-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 BID-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; and unfortunately, not everyone who submits an application will be chosen. We rely on our screening processes 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. For summer applicants, a commitment of 1 – four-hour shift/week for the duration of the summer break is required. Year round volunteers must commit to 80 hours.

Enclosed you will find the application instructions and questionnaire. Please take a few minutes to complete these forms and return them to our office. Your application must be accompanied by a \$45 application fee. This fee covers the criminal background check and a polo shirt. 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. Applications are due March 31st. **Incomplete applications will not be considered.**

If you are selected after the interview, we will submit your background check and direct you to make an appointment with our Occupational Health Department. They can be reached at 508.732.0401. Please note all volunteers are required to have their MMR, TB/Mantoux, Varicella and Covid series, plus one booster and depending on the season, their flu shot. **Please bring a copy of your immunization record(s) with you to this appointment.** Once you are cleared, you will attend our orientation and be expected to adhere to your assigned schedule of one day/week for four hours for the duration of the summer break or for 80 hours if a year round applicant. Our volunteers find their time spent at the hospital to be a very rewarding experience.

If you need additional information or have any questions, please contact me by phone at 508.830.2075 or by email at volunteerservices@bidplymouth.org. We evaluate applicants based on their maturity, initiative and communication skills. The college volunteer program is an exciting program and many former participants have gone on to pursue careers in healthcare. We look forward to receiving your application and meeting you in person.

Sincerely,

Melissa Spicer

Manager of Volunteer Services

COLLEGE VOLUNTEERING AT BID-PLYMOUTH

Give the world the best you have and the best will come back to you...

Be a Beth Israel Deaconess-Plymouth Volunteer.

NOTE: Summer applicants must agree to complete a minimum of 4 hours/week for the duration of the summer break. Year round applicants must commit to 80 hours. Applications are due March 31st for the summer program.

TO APPLY

Please submit the following information

1. Application on page 3 including a brief paragraph describing yourself, why you would like to be accepted into the volunteer program at BID-Plymouth and a summary of your skills/achievements/hobbies/interests.
2. The completed questionnaire included in this packet.
3. 3 letters of recommendation. The references must be adults (over age 22) and may **NOT** be a family member. One should be a teacher or adviser. **When submitting your application via email, attach all Letters of Recommendation. If mailing your application, mail all Letters of Recommendation with application.**
4. Complete the background check form titled “The Commonwealth of Massachusetts Executive Office of Public Safety & Security.” **BE SURE TO SEND A COPY OF YOUR LICENSE/ID OR WE CANNOT COMPLETE THIS.**
5. \$45 Application Fee (Checks may be made payable to BID-Plymouth Volunteer Services)
6. Return all applications to volunteerservices@bidplymouth.org or
Beth Israel Deaconess Hospital-Plymouth, Volunteer Services
275 Sandwich Street, Plymouth, MA 02360
7. Availability: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____
Sat. _____ Sun. _____
8-Noon _____ Noon-4:00 _____ 4:00-8:00 _____ 8:00-Midnight (ED only) _____

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-Plymouth and supporting us as we strive to fulfill our mission, vision and values.

COLLEGE VOLUNTEERING AT BID-PLYMOUTH

Name: _____

Address: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Date of Birth: _____

School and Current Grade: _____

Social Security Number (Necessary for record keeping): _____

Brief paragraph describing yourself, why you would like to be accepted into the Volunteer Program and a summary of your skills/ Achievement/ hobbies/interests

VOLUNTEERING QUESTIONNAIRE

Name: _____
(Please Print)

1. Are you prepared to commit to one 4-hour shift/week for the duration of the summer or 80 hours if you are a year round volunteer?
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?

Expectations and Commitment

1. A *Summer at BID-Plymouth* volunteer is expected to be on time for his/her regularly scheduled shift. Assigned shift hours must be adhered to unless changes have been requested and approved by the Volunteer Office in advance. Late arrivals and no-shows put a strain on the services we can provide to our patients. Absences for illness should be called in the following way:

Weekdays:

Contact the Volunteer Office at 508.830.2075. **Anyone volunteering directly in a department such as, surgical services, endoscopy, pathology, an in-patient floor, etc. must notify that department of any absences, in addition to notifying the Volunteer Office.** Please make sure you obtain the correct contact information.

Weekends & after 3PM:

If you have an emergency and are calling out on a weekend, be sure to call 508.830.2075, or email volunteerservices@bidplymouth.org. Volunteer Services and leave a message and explanation as to why you were not able to come in. **In addition, call the department supervisor you volunteer for, such as in surgical services, endoscopy, pathology, an in-patient floor, etc.** Please make sure you obtain the correct contact information.

2. A volunteer is expected to dress appropriately for a professional work environment, in compliance with the dress code established by the Volunteer Office. No denim jeans, shorts, midriff-baring shirts, open-toed shoes or sandals are allowed at any time. Volunteer polo shirts and I.D. badges must be worn; and I.D. badges must be visible and worn above the waist. Polo shirts and badges are to be maintained by the volunteer with regular laundering and care taken to protect the badge from damage or loss. The ID badge is to be returned to the Volunteer Office if the volunteer stops volunteering.
3. A volunteer must exhibit behavior appropriate for a hospital environment. A volunteer is expected to be respectful, polite, and courteous; and should not engage in any loud or distracting activities while on duty. Personal electronic entertainment devices, i.e. laptop computers, Ipods, cell phones, etc., are not allowed to be used while on duty. Volunteers are encouraged to busy themselves with quiet conversation, homework, or reading during “downtime.”
4. A volunteer is expected to take responsibility for any necessary communication with the Volunteer Office and initiate telephone calls or office visits as needed for requested days off, copies of completed hours, letters of reference, etc.
5. A volunteer is expected to fulfill a service of one (4) hour shift/week for the duration of the summer break or a total of 80 hours if a year round applicant. A volunteer should notify the Volunteer Office in writing if he or she decides to stop volunteering. A two-week advance notice is appreciated.

If you agree to be bound by these requirements, please sign the “outline of expectations signature form” and the “commitment form” and return the forms to the Volunteer Office. Thank you.

Sincerely,

Mellissa Spicer
Manager Volunteer Services

OUTLINE OF EXPECTATIONS SIGNATURE FORM

As an applicant to the College Volunteer Program, I understand the outlined expectations and agree to adhere to them.

Applicant Name: (please print) _____

Signature: _____
Typed name accepted as Electronic Signature

Date: _____

COMMITMENT FORM

As an applicant to the College Volunteer Program, I understand I am making a formal commitment of 1/four-hour shift/week for the duration of the summer break or 80 hours if a year round applicant 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 commitment has been met. Please sign this form and return it to the Volunteer Office.

Applicant Name: (please print) _____

Signature: _____
Typed name accepted as Electronic Signature

Date: _____

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

Volunteer Name: _____

Emergency Contact Person: _____

Relationship to Volunteer: _____

Telephone: _____ Work telephone: _____

Emergency Contact Person: _____

Relationship to Volunteer: _____

Telephone: _____ Work telephone: _____

Emergency Contact Person: _____

Relationship to Volunteer: _____

Telephone: _____ Work telephone: _____



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