

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. The screening process for the candidates is thorough so as to give everyone a complete and fair chance at participating. Candidates are **not** chosen on a first come, first served basis. We review qualifications, the completeness of the application, the availability of the candidate, the candidate's performance during the interview, demonstrated success in other areas (school and other volunteer activities), and the skill set of the applicant. Not everyone who expresses an interest can be accepted because our ability to provide meaningful experiences to participants has limits.

To be best positioned to have a great experience, the candidate must:

1. Be at least 16 and no more than 18 years old
2. Be able to commit to 80 hours over a six-month period
3. Commit to the same day each week to volunteer for a 4-hour shift
4. Have transportation to and from the hospital.
5. Be available to attend the mandatory orientation program

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. A commitment of 80 hours over 6 months is required. **Any student who participates in an extracurricular activity (sports, drama, band, etc.) should delay applying until they have a 6 month block of unrestricted availability.**

Candidates submit a **resume**, not an application. It is important to read what should be included in the resume and what should accompany the submission and that information can be found on page 2. Incomplete applications **cannot** be considered because it would be unfair to others applying. Interviews will be conducted on an ongoing basis, including school vacation and half days.

Please note all volunteers are required to have their MMR, TB/Mantoux, Varicella and Covid series, plus one booster. If selected, you will be directed to make an appointment with our Occupational Health department after the interview process. **Please bring a copy of your immunization record(s) to this appointment.**

If you need additional information or have any questions, it is important that you, the **applicant**, contact us at 508.830.2075 or volunteerservices@bidplymouth.org. We evaluate applicants based on their maturity, initiative and communication skills. If a parent/guardian calls on your behalf, it is not a good indication of your abilities. 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

JUNIOR VOLUNTEER PROGRAM

*Give the world the best you have and the best will come back to you....
Be a Beth Israel Deaconess Hospital-Plymouth Volunteer.*

Beth Israel Deaconess Hospital-Plymouth volunteers reach out to others, serve the community and learn skills in the healthcare field. Our volunteers transport discharged patients, deliver medical records, perform errands for the lab, assist the food service department, deliver mail and flowers to patients, and enjoy a variety of other experiences. Shifts are available Monday through Friday 3:00-7PM and weekends between 8AM-8PM. A variety of opportunities await you when you walk through the doors of Beth Israel Deaconess Hospital-Plymouth. Your experiences can be a key to a new and exciting future.

TO APPLY

1. Fill out the application on page 3 including a brief paragraph describing yourself, why you would like to be accepted into the Volunteer Program and a summary of your skills/ Achievement/ hobbies/ interests
2. Complete the Volunteer questionnaire included in this packet.
3. Submit 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 guidance counselor. **When submitting your application via email, attach all Letters of Recommendation or mail all Letters of Recommendation with your 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. \$20 Application Fee (Cash or Checks made payable to BID-P Volunteer Services)
6. Please return all applications to:
Beth Israel Deaconess Hospital-Plymouth, Inc.
Attn: Volunteer Services
275 Sandwich Street, Plymouth, MA 02360
Or via email to: volunteerservices@bidplymouth.org

***JUNIOR VOLUNTEER PROGRAM
Application***

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

VOLUNTEER QUESTIONNAIRE

Name: _____
(Please Print)

1. Are you prepared to commit to a minimum of 80 hours over six months of service and a minimum of one 4 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?

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

Applicant's Name: _____ Date: _____

Male ____ Female ____ Age ____ Date of Birth: _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

1. Emergency Contact Person: _____ Phone # _____

Relationship: _____ Cell Phone # _____ Home Phone # _____

2. Emergency Contact Person: _____ Phone # _____

Relationship: _____ Cell Phone # _____ Home Phone # _____

3. Emergency Contact Person: _____ Phone # _____

Relationship: _____ Cell Phone # _____ Home Phone # _____

Applicant Physician's Name: _____ Phone #: _____

How would you rate your child's health? _____
Good Fair

Is he/she currently under the care of a doctor? Yes _____ No _____

If yes, please explain briefly:

Is he/she currently taking any medication: _____

If yes, please give name(s) of medication and dosage:

I give my full consent to have my child volunteer at Beth Israel Deaconess-Plymouth.

Signature: _____

Parent or Guardian (Typed name accepted as Electronic Signature)

Please Print Name: _____

Dear Applicant & Parent or Guardian of Volunteer Applicant:

As both the applicant and the parent/guardian of an applicant to the Volunteer program at Beth Israel Deaconess Hospital-Plymouth, it is important that you be aware of what is expected of our volunteers. We have included an outline of our expectations below:

1. A BID-Plymouth volunteer is expected to be on time for his or 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 for 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 Volunteer Services at 508.830.2075, or email volunteerservices@bidplymouth.org, 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 BID-Plymouth 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. Skirts that reach the knee or longer are allowed. I.D. badges must be worn visible and above the waist. Uniforms and badges are to be maintained by the volunteer with regular laundering of the uniform and care taken to protect the badge from damage or loss. The I.D. badge is to be returned to the Volunteer Office when the volunteer ceases volunteering. The polo shirts are kept by the volunteers.
3. A BID-Plymouth volunteer must exhibit behavior appropriate for a hospital environment. A BID-Plymouth 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. Junior volunteers are encouraged to busy themselves with quiet conversation, or homework during "downtime."
4. A BID-Plymouth volunteer, **not** a parent or guardian, is expected to take responsibility for any necessary communications 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 BID-Plymouth volunteer is expected to complete a minimum of 80 hours over a six-month period. All BID-Plymouth volunteers should plan on completing a full shift on their last day and not leave in the middle of their shift because they have completed 80 hours. A BID-Plymouth volunteer should notify the Volunteer Office as soon as possible if time off is needed for vacations/school activities.
6. Excessive unplanned absences, improper dress or manner, or any disregard for hospital or departmental policies and procedures will be grounds for immediate termination of volunteer assignment.
7. Community service hours will not be signed off until the minimum requirement of 80 hours is met. Anyone who successfully completes 80 hours may request a letter of recommendation from Volunteer Services for the purpose of employment or college applications.

OUTLINE OF EXPECTATIONS SIGNATURE FORM

As an applicant and parent/guardian of an applicant to the Volunteer Program, we understand the outlined expectations and agree to adhere to them.

Applicant Name: (please print) _____

Signature: _____
Typed name accepted as Electronic Signature

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____
Typed name accepted as Electronic Signature

Date: _____

COMMITMENT FORM

As an applicant to the Volunteer Program, I understand I am making a formal commitment of 80 hours to Beth Israel Deaconess-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 80-hour 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

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____
Typed name accepted as Electronic Signature

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



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