



Student Volunteer Application

<u>For Office Use Only:</u>	
Received _____	Interview _____
TB Test Documentation _____	
Contract _____	Service _____
CORI sent to HR _____	
PIN #: _____	Volunteer Badge #: _____
_____	_____

Winchester Hospital's volunteer application process requires the following:

1. This application form with both sides completed
2. Signed Volunteer Commitment and Confidentiality Agreement
3. Interview with Director of Volunteer Services
4. Proof of Tuberculosis Testing before starting
5. Criminal Offense Record Investigation (CORI)

Date _____

Name: _____

Mailing Address (please include street, city, state, zip code):

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth (*Month/Day/Year optional*): _____

School Attending: _____
 Address: _____

Where do you want messages sent or phoned to you: _____

In Case of an Emergency Please Notify:

Name: _____ Phone: _____

Previous Volunteer Experience: _____

Why do you want to volunteer: _____

How did you become interested in volunteering at Winchester Hospital? _____

Which volunteer services do you prefer to work? (*Based on List of Opportunities*)

When are you available to work? (check all times available)

How long are you available to volunteer (dates)? _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Fall _____ Winter _____ Spring _____ Summer _____

Please list special interests and/or skills:

Personal or Professional References: (please exclude relatives):

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

You may answer "no" to the following questions if you have a sealed record on file with the Commissioner of Probation or, if you were adjudicated a delinquent child or a child in need of any services and the adjudications did not result in a complaint being transferred to the Superior Court for prosecution.

B
A
C
K
G
R
O
U
N
D

An affirmative answer to any of the following questions does not automatically disqualify you from volunteering at Winchester Hospital. Convictions of a crime will be considered only in relation to specific job duties or requirements.

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor (excluding a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace) within the past five (5) years? Yes No

If you have been convicted of a felony within the last five (5) years, please state whether you had any prior misdemeanor convictions more than five (5) years ago. Yes No

If Yes to any of the above questions, Please Explain: (At a minimum, please indicate the nature of your offense and your rehabilitation since your conviction.)

The above information is accurate and correct to the best of my knowledge. I will uphold the traditions and standards of Winchester Hospital. I will endeavor to do my best to give volunteer service of the highest quality. I will consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor, or any member of the personnel and will not seek information in regards to a patient.

Signature _____ Date _____

Your signature indicates your approval for us to check references as well as to conduct a Criminal Offence Record Investigation (CORI). Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.
