



BROCKTON HOSPITAL
APPLICATION FOR VOLUNTEER SERVICE
(508) 941-7198
eceurvels-murphy@signature-healthcare.org

NAME _____ TELEPHONE _____

ADDRESS _____

REASON FOR VOLUNTEERING _____

WHY DID YOU CHOOSE BROCKTON HOSPITAL? _____

HOW DID YOU HEAR ABOUT US? _____

TYPE OF HOSPITAL SERVICE PREFERRED (patient contact, clerical, etc.) _____

DAYS AND HOURS PREFERRED _____

THIS SECTION IS VOLUNTARY:
Are you fluent in any languages other than English? If so, please list _____

HAVE YOU BEEN PREVIOUSLY EMPLOYED AT BROCKTON HOSPITAL? IF YES, PLEASE LIST DATES AND DEPARTMENT _____

EMPLOYMENT HISTORY:

Last Employer _____ Dates _____
Reason for Leaving _____

Last Employer _____ Dates _____
Reason for Leaving _____

EDUCATION:

High School _____
Last Year Completed _____ Degree _____

College _____
Last Year Completed _____ Degree _____

Graduate School _____
Last Year Completed _____ Degree _____

Other _____

DO YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING?

Receptionist Filing Cashier Typing wpm
 Computers Medical Terminology

REFERENCES (Two people not related to you).

1. _____
(Name, Address and Telephone Number)

2. _____
(Name, Address and Telephone Number)

Do you have any friends or relatives working here? Yes No
If "yes", please give name and relationship _____

Have you ever been convicted of a criminal offense? _____

Have you ever been convicted of a misdemeanor in the last five years? _____

An applicant for volunteer service with a sealed record on file with the commission of probation may answer "No Record" to an inquiry herein relative to a prior arrest or criminal court appearances or conviction, in addition, any applicant for employment may answer "No Record" with respect to any inquiry relative to prior arrests, court appearances and adjudication in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to The Superior Court for criminal prosecution.

In the event that I become a volunteer at Brockton Hospital, I agree to comply with all its policies, regulations, guidelines and directives. I authorize all persons, schools, employers, organizations and entities mentioned (unless otherwise noted) to provide the Hospital with any and all information requested by the Hospital and I voluntarily release the Hospital and such persons, schools, employers, organization and entities from all liability for providing such information. I authorize the Hospital to furnish such references to prospective employers and I voluntarily release the hospital from all liability for providing such information. I understand that any offer of a volunteer position is conditional on a CORI background check.

I hereby affirm that the information provided by me on this form is true and complete. I understand that any false information or omission may disqualify me from further consideration as a volunteer and may result in my removal from volunteer service if discovered at a later date.

I have read the application for volunteer service and understand that this constitutes my application to be a volunteer at Brockton Hospital.

SIGNATURE _____ DATE _____

TO BE COMPLETED BY VOLUNTEER OFFICE

Is the applicant eligible as a volunteer? _____ Start Date _____

Department _____ Days/Hours _____

Interviewed by _____

Department Manager Comments _____

Volunteer Department Comments _____

Signature _____

Date _____