Dear Volunteer Applicant:

Enclosed is an application for Volunteer Services at Bristol Hospital. Please complete and return to:

Bristol Hospital Volunteer Office
PO Box 977
Bristol, CT 06011-0977

When the completed application is received, we will contact you to schedule an interview to discuss current volunteer opportunities.

At that time, you will be given a medical information form to be completed by your physician. It is necessary to return the form before beginning volunteer duty.

Should you have any questions, please feel free to call our office at 585-3338. If we are unable to speak with you directly, leave a message on our voice mail. We will return your call as soon as possible.

Thank you for your interest in our program and hope to meet with you soon!

Sincerely,

Cindy McCool
Volunteer Services

Application for Volunteer Service
Bristol Hospital

Name:____

Address:____

City:__________________________ State:________________ Zip:________

Phone: Home_______________ Work_______________ Birth Date___________

Contact in emergency:______________________ Phone:_________________

Relationship:______________________________

How were you made aware of our Volunteer Program? _________________________

____

Did someone refer you? If yes: Name:__________________________________

I. Skills and Interest

Current /Past Occupation:____

Hobbies, skills,
interests:____

Prior Volunteer Experience (please describe): _______________________________

____

II. Preferences in Volunteering

Is there a particular type of volunteer work in which you are interested? (Please check all that apply.)

☐ No preference	☐ Computer Services	☐ Nourishment
☐ Patient contact	☐ Group/individual assignment	☐ Gift Shop
☐ Office Work	☐ Information Desk	☐ Pastoral Care

At what times are you interested in volunteering? __________________________

III. Work Group

 Is there a person or group with whom you are particularly interested in working? (Please check all that apply.)

No preference	Terminally Ill	Adults
Seniors	Children	Other

IV. Background Verification

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

____

V. References (Name/Telephone)

1. ____
2. ____
3. ____

Convictions Yes No

If yes, please explain____

I certify that the above information is correct. I understand that I must make a commitment of at least three months to be a hospital volunteer. I understand that the hospital reserves the right to terminate a volunteer's service if it determined that such action is in the best interest of the volunteer and/or the hospital. I understand that I must inform the Director of Volunteer Services of any significant change in my health status that would negatively impact my ability to perform the tasks to which I am assigned. I also understand that volunteering is contingent upon satisfactory results from a complete and impartial background check conducted by a third party. I understand that volunteering shall be conditional upon satisfactory results of this information and satisfactory completion of a physical examination, and that any false, misleading or incomplete statements, omission of material facts made by me on this application shall be sufficient cause for discharge. A copy of this statement shall be regarded as a signed original of my agreement to release all parties from any liability or responsibility in granting and furnishing such information to the Volunteer Services Dept. of Bristol Hospital.

____________________ ____

Date **Signature of Applicant**