



## **Volunteer Application (Adult)- McLean Hospital**

**Please e-mail your resume and a letter of intent with your application.**

**Tel: 617.855.2118 Fax: 617.855.2120**

**E-mail: [cgbrown@partners.org](mailto:cgbrown@partners.org)**

**Date:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

**In an emergency, notify:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_

### **EDUCATION:**

**High School:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**Area of Study:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Graduate School:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

### **EMPLOYMENT:**

1. **Present/last employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Position held:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

2. **Previous employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Position held:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Foreign languages spoken fluently:** \_\_\_\_\_

### **REFERENCES:** Please list two persons other than relatives.

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_

### **VOLUNTEER EXPERIENCE:** List names and addresses of all volunteer experiences

1. \_\_\_\_\_

2. \_\_\_\_\_

**Have you ever been an employee at McLean Hospital?** Yes ☐ No ☐

When are you available to volunteer?

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Your volunteer assignment must take place during the standard work week (Monday – Friday, 8:00 a.m. – 5:00 p.m.).

How many times per week would you like to volunteer? Once ☐ 2-3 times ☐

Why do you want to volunteer at McLean Hospital? \_\_\_\_\_

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**INTEREST/SKILLS:** (Please check all useful volunteer skills)

Answering Phones ☐ Using Copier ☐ Computer ☐

Other: (please specify) \_\_\_\_\_

Additional/Comments/Skills: \_\_\_\_\_

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Are you doing this for ☐ course credit ☐ community service?

If yes, how long and/or how many hours? \_\_\_\_\_

Contact person at school/community center/other: Name: \_\_\_\_\_  
Tel. # (\_\_\_\_) \_\_\_\_\_

☐ By checking this box, I hereby authorize the use and reproduction by McLean Hospital of any and all photographs or videos taken of me for the purpose of general marketing communications, promotion or advertising, without compensation to me. All photographs and videos shall constitute the property of McLean Hospital.

I have received, read and understood and will follow the McLean Hospital Guidelines for Volunteers.

Signature: \_\_\_\_\_

Your signature indicates your approval for us to check references. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

You may not begin volunteer service until you have completed the volunteer process. This includes Orientation (McLean Hospital), a TB test, a CORI and an orientation with the Coordinator of Volunteer Services. You will receive a time sheet in which you must record your hours worked and have it signed by your supervisor at the time of termination. At the time of termination you must return your badge to Volunteer Services. Please notify **the Volunteer Department at 617.855.2118** or e-mail: [cgbrown@partners.org](mailto:cgbrown@partners.org) when you have completed service.

You **must wear your Volunteer badge at all times**. You are not allowed to have keys, cannot be alone with patients and must have supervision. Each volunteer must have a volunteer request form (volunteer job description) on file in the volunteer department.

**Important points to consider:**

1. Potential candidates are required to fill out an application and interview with a member of the Volunteer staff.
2. Volunteers must complete the volunteer process before they can begin their volunteer position (includes CORI (Criminal Offender Record Information), Confidentiality Forms, TB test, and McLean Hospital Orientation).
3. Volunteers must wear their badge at all times and can never have keys.
4. Volunteers **must** complete a Safety Fair each year.
5. Ensure that all of your records are in place before you begin volunteering