



Volunteer Services

The William W. Backus Hospital and its subsidiaries are Equal Opportunity employers, and as such prohibit discrimination in employment because of race, religion, sex, age, natural origin, and physical and mental handicap.

APPLICATION FOR ADULT VOLUNTEER

Application Date: _____

Applicant Information:

Name: _____

Mailing Address: _____

City/State / Zip Code: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____

Social Security # _____ - _____ - _____ Email: _____

Goals for volunteering your time: _____

Service position desired: Clerical Patient Contact _____

Availability:

Date available to begin: _____ Total hours per week desired: _____ Seasonal: Y / N

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Health:

Do you agree to have a medical exam if it is required for your placement? Y N

Do you agree to provide verification of your 1st and 2nd MMR inoculations if born after 1957? Y N

Do you agree to provide verification of your 1st and 2nd Varicella (Chickenpox) inoculation or date of disease? Y N

Do you agree to have a mandatory Tuberculosis test? Y N

Date of last physical: _____

Education:

School	Name/City	Last Grade Completed?	Did You Graduate?	Degree/Diploma

Do you have specific skills, interests or hobbies that you think would benefit our staff/patients? If yes, please explain:

Were you ever employed by The William W. Backus Hospital? Y N

Name while employed: _____

Mailing Address: _____

Dates Employed: _____ Department(s) _____

Reason for leaving: _____

The William W. Backus Hospital Mission Statement

The William W. Backus Hospital delivers and coordinates a continuum of high quality health care that is sensitive to the needs of individuals in eastern Connecticut. The Hospital is committed to being responsive and accountable to those for whose benefit it exists, and to achieving improvements in the health of its communities.

Employment and/or Volunteer Experience:

Are you currently employed? Y N May we contact your current employer? Y N

Please list your present or last employer first. Include any verified volunteer work.

Please exclude organization names that indicate race, color, religion, sex or national origin.

Employer:	Employer:
Address:	Address:
Dates Employed: From To	Dates Employed: From To
Work Performed:	Work Performed:
Position Held:	Position Held:
Supervisor:	Supervisor:
Phone:	Phone:

References: (Business, School, or Community contacts other than a relative)

Name/Relationship	Address	Telephone
		()
		()
		()

Is volunteering a requirement for Court Ordered Community Service? Y N **# of Hours** _____

Have you ever been convicted of a misdemeanor or felony? Y N If yes, please explain:

IN APPLICANT STATEMENT: PLEASE READ CAREFULLY

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that if accepted as a volunteer, statements found to be false or misleading may be cause for my immediate dismissal. The William W. Backus Hospital has my permission to contact directly references I have listed, or any other sources, concerning my prior work or personal history, and I release all parties from any possible damages resulting from disclosing such information with or without prior notice to me. I hereby certify that I have not been sanctioned by any governmental health care program, including Medicare and Medicaid. I will immediately inform the William W. Backus Hospital if I am ever sanctioned by any such program.

Signature of Applicant _____ Date _____

THIS SPACE FOR OFFICE USE ONLY:

Interview Date: _____

Interviewer: _____

Placement Information:

Patient Contact _____ Non-Patient Contact _____ Clerical _____ Other _____

Specific Assignment Request: _____

Anticipated Length of Commitment: _____

Applicant History (employment experiences, volunteer experiences, community or school activities):
