

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell: _____ Home: _____ Work: _____

Email: _____

I certify that the information that is provided on this application is complete and true. I further acknowledge that falsification or omission of any significant information presented or requested on this application or during the interview process may result in rejection for a volunteer position or dismissal. I hereby authorize Bridgeport Hospital to request information regarding my application for volunteer work from the references I have provided. I authorize Bridgeport Hospital to take my photograph in relation to my volunteer position. For the safety of patients, their families, and hospital staff, the screening process for Bridgeport Hospital volunteer applicants over age 18 includes a comprehensive background check, to be conducted with your signed authorization, following your interview in Volunteer Services.

Applicant's Signature _____ Date _____

I have read, understand, and agree to this statement.

How did you hear about our program?

- College/University
- BH Offsite Location
Please specify the location: _____
- Referred by a friend/family member/volunteer
Name: _____
- Flyer
- Newspaper
- Other: _____

For use by Volunteer Services Staff:

H.O.P.E. PROGRAM VOLUNTEER APPLICATION

Date _____

Please complete and email this application to: Jessenia.Searles@ynhh.org, or mail to Bridgeport Hospital, Department of Volunteer Services, 267 Grant Street, Bridgeport, CT 06610 or fax to (203) 332-4998.

Prefix:
 Mr. Last Name: _____ First Name: _____ MI _____
 Mrs.
 Ms.

Preferred Telephone(s): _____ Home Cell Work
Month Day Year

E-mail Address: _____ Date of Birth: _____

Current Address

Former Address

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

REFERENCES			
TWO PROFESSIONAL OR EDUCATIONAL REFERENCES REQUIRED			
REFERENCES MAY NOT BE MEMBERS OF YOUR FAMILY, OR INDIVIDUALS WITH WHOM YOU RESIDE.			
REFERENCE # 1		REFERENCE # 2	
Name _____	Name _____	Name _____	Name _____
Title/Position _____	Title/Position _____	Title/Position _____	Title/Position _____
Organization (if applicable) _____	Organization (if applicable) _____	Organization (if applicable) _____	Organization (if applicable) _____
Email _____	Email _____	Email _____	Email _____
Address _____	Address _____	Address _____	Address _____
<input type="checkbox"/> Home Street _____	<input type="checkbox"/> Home Street _____	<input type="checkbox"/> Home Street _____	<input type="checkbox"/> Home Street _____
<input type="checkbox"/> Work _____	<input type="checkbox"/> Work _____	<input type="checkbox"/> Work _____	<input type="checkbox"/> Work _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____	City _____ State _____ Zip _____

VOLUNTEER and COMMUNITY ACTIVITIES

AGENCY/ORGANIZATION	POSITION	DATES
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Have you ever volunteered at Bridgeport Hospital? If so, when?

EDUCATION			
Type of School	School Name	Major Course of Study	Expected Graduation Date/Graduation Date
High School or GED			
Business, Technical, Professional			
College or University			
Graduate School			

EMPLOYMENT HISTORY	
1. Current or Last Employer	
Position Title	Dates
Reason for leaving	
2. Previous Employer	
Position Title	Dates
Reason for leaving	
Are you currently or have you ever been employed at Bridgeport Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates	Department

Do you have any immediate relatives currently employed at Bridgeport Hospital? Yes No

If yes, provide names and locations. *Yale-New Haven Hospital does not place volunteers under the direct supervision of immediate relatives.*

PREFERENCES

H.O.P.E. Program volunteers operate on a schedule that is different from our traditional volunteers. Our minimum volunteer commitment is 4 months. As an H.O.P.E. Program participant you will be expected to volunteer at least 12 hours per week. Exceptions apply only to Jobs First Employment Services (JFES) Program clients; your schedule will be adjusted to meet that program's requirement.

SCHEDULE: Class sessions are held Monday through Thursday, from 9 am – 3 pm each day. Evening classes are not available.

ASSIGNMENT PREFERENCE: Please check the types of volunteer assignments that interest you.

Behind the Scenes: Volunteers who are placed in a behind the scenes assignment assist staff with clerical duties, deliveries, and light computer work.

Customer Service: Volunteers in a customer service position assist patients, visitors, and staff in navigating throughout the hospital.

Patient Support: Volunteers placed in a patient support assignment provide assistance to patients and staff. Assignments may vary between moderate or intense patient support.

Integrative Wellness Programs: Certification and expertise in these areas is required (i.e. Reiki, Pet Therapy and Music Therapy).

Interested in a specific assignment or offsite location?

Please specify: _____

TELL US ABOUT YOURSELF: Briefly tell us why you are interested in volunteering at Bridgeport Hospital. Also include any special skills or limitations you may have and anything else that would be helpful for us to know when placing you as a volunteer.

Please complete and email this application to Jessenia.Searles@ynhh.org