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.

For use by Volunteer Services Staff:

ADULT/COLLEGE VOLUNTEER APPLICATION

Yale NewHaven Health

Date _____

Please complete and return this application to:
Bridgeport Hospital, Department of Volunteer Services, 267 Grant Street, Bridgeport CT 06610 OR 300 Seaside Avenue Milford CT 06460

Please note that incomplete applications will be returned.

Prefix:
☐ Mr.
☐ Mrs.
☐ Ms.

Last Name: _____ First Name: _____ MI _____

Preferred Telephone(s): _____ ☐ Home ☐ Cell ☐ Work

E-mail Address: _____ Date of Birth: _____
Month Day Year

Current Address

Street _____

City _____ State _____ Zip _____

Former Address

Street _____

City _____ State _____ Zip _____

For which program are you applying?

☐ Adult Volunteer Program

☐ College/Graduate School: ☐ Academic Year Program (September - May) ☐ Summer

REFERENCES
TWO PROFESSIONAL OR EDUCATIONAL REFERENCES REQUIRED

REFERENCES MAY NOT BE MEMBERS OF YOUR FAMILY, OR INDIVIDUALS WITH WHOM YOU RESIDE.

REFERENCE # 1

Name _____

Title/Position _____

Organization (if applicable) _____

Email _____

Address _____
Street

☐ Home
☐ Work

_____
City State Zip

REFERENCE # 2

Name _____

Title/Position _____

Organization (if applicable) _____

Email _____

Address _____
Street

☐ Home
☐ Work

_____
City State Zip

☐ W

AGENCY/ORGANIZATION	POSITION	DATES	

Have you ever volunteered at Bridgeport Hospital? ☐ **If so, when?**

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			

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? ☐ Yes ☐ No

Dates | Department

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

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

PREFERENCES

SCHEDULE: **Our minimum commitment is 6 months, one 4 hour shift per week. Please indicate your preferred availability for this commitment below. College and graduate student volunteers, we will adjust your schedule as your class schedule changes from one semester to the next.**

Weekdays: ☐ Mornings ☐ Afternoons ☐ Evenings

Weekends: ☐ Mornings ☐ Afternoons ☐ Evenings

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 or providing service to customers in the hospital's gift shop.

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

☐ **Interested in a specific assignment? Please specify:** _____

☐ **Interested in a specific location?** ☐ **Bridgeport Campus** ☐ **Milford Campus**

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.**