

ADULT/COLLEGE VOLUNTEER APPLICATION



Date _____

Please complete and email this application to: BHvolunteerservices@bpthosp.org or send by mail 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. (Please Print)

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

Preferred Telephone(s): _____ Home Cell Work

E-mail Address: _____ Date of Birth: _____

Current Address

Former Address

Street _____ Street _____
City _____ State _____ Zip _____ 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

REFERENCE # 2

Name _____	Name _____
Title/Position _____	Title/Position _____
Organization (if applicable) _____	Organization (if applicable) _____
Email _____	Email _____
Address _____ <input type="checkbox"/> Home Street <input type="checkbox"/> Work	Address _____ <input type="checkbox"/> Home Street <input type="checkbox"/> Work
City _____ State _____ Zip _____	City _____ State _____ Zip _____

VOLUNTEER and COMMUNITY ACTIVITIES

AGENCY/ORGANIZATION	POSITION	DATES	

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,			
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. *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 ___ Offsite

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.

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: