



Dear Applicant,

Thank you for your interest in volunteering at Jordan Hospital. Our program is one of the finest volunteer efforts in the healthcare community with over 350 volunteers who gave over 55,000 hours last year. As an applicant to the volunteer program at Jordan Hospital, it is important you are aware of what is expected of our volunteers as we strive to fulfill our mission of “providing health and wellness services with excellence”. A volunteer position at Jordan Hospital involves a serious commitment and a high level of responsibility. It is a structured program that supplements and complements the goals of the hospital. We depend on our volunteers and need them to be responsible in fulfilling their commitment to the hospital.

Jordan is regionally recognized for its excellence in medical care and services; and the Department of Volunteer Services is fortunate to have many interested individuals applying for positions. The number of applicants exceeds the number of positions we have to offer. We endeavor to accept only those who we feel will be successful in achieving our goals.

Many factors are taken into consideration in making our decisions; and unfortunately, not everyone who submits an application will be chosen. We rely on our screening processes to ensure that candidates will be a “good fit” for our organization. Volunteers must have good communication and customer service skills; an ability to synthesize information and problem solve; a sense of mission that is consistent with our organization; a positive attitude, personal accountability and openness to feedback

Enclosed are the questionnaire and application forms for the program. Please take a few minutes to complete these forms and return them to our office. Your information will be reviewed. If we feel we have an appropriate opening that will match your preferences, skills and availability, we will be in touch to set up an appointment for an interview. Appropriate placements are not always available and not everyone who applies is accepted into the program. **Incomplete applications will not be considered.**

If you are selected, you will be assigned a schedule. Most volunteer one day per week for a 4-6 hour shift (3 hours for juniors after school). Our volunteers find their time spent at the hospital to be a very rewarding experience.

If you have any questions, or need additional information, please feel free to contact the Volunteer Office at 508.830.2075 or by email at mcaruso@jordanhospital.org. Thank you for your interest in Jordan Hospital and for supporting us as we strive to fulfill our mission, vision and values.

Sincerely,

A handwritten signature in cursive script that reads "Michelle S. Caruso".

Michelle S. Caruso, CAVS
Director of Volunteer Services
Jordan Hospital

A handwritten signature in cursive script that reads "Kathryn A. Pesanelli".

Kathryn A. Pesanelli
Volunteer Coordinator
Jordan Hospital

VOLUNTEER QUESTIONNAIRE

Name: _____
(Please Print)

1. Are you prepared to commit to a minimum of three months of service and a minimum of one four-hour shift per week?
Yes _____ No _____

2. Please tell us why you would like to volunteer at Jordan Hospital.

3. Please describe for us a time when you have interacted with someone who was ill or recovering from a physical or mental illness. What were your challenges and successes?

4. Please list and describe any volunteer positions you have previously held.

5. Please tell us about any work or life experiences that you think has prepared you to succeed as a hospital volunteer.

6. Do you have any special skills, talents or interests that you would be willing to share with us?



JUNIOR VOLUNTEER SERVICES APPLICATION

NOTE: You must agree to complete a minimum of 40 hours over the course of a three month period regardless of your obligated hours.

Date: _____

Name: _____ Male: _____ Female: _____

Address: _____
(Street Name and # - P.O. Box if applicable) (Town) (State) (Zip Code)

Age: _____ Date of Birth: _____ Phone # (_____) _____

Social Security # _____ E-mail Address: _____

Emergency Contact Person: _____ Phone # _____

Relationship: _____ Work/Cell Phone# _____

Applicant Physician's Name: _____ Phone # _____

Are there any physical restriction or limitation on your activities? If so, please describe:

What school do you attend ? _____ Grade: _____

Extracurricular activities (Clubs, Sports, etc.) _____

Have you ever been a volunteer before? Yes _____ No _____

What type of volunteer commitment can you make?

Hours: _____

All Year _____ School Year Only _____ Summer Only _____

Applicant Name: (Please Print Name) _____

Applicant Signature: _____



Dear Parent or Guardian of Junior Volunteer Applicant:

As the parent/guardian of an applicant to the volunteer program at Jordan Hospital, it is important that you be aware of what is expected of our volunteers as we strive to fulfill our mission of “Providing health and wellness services with excellence.” A volunteer position at Jordan Hospital involves a serious commitment and a high level of responsibility. It is a structured program that supplements and complements the goals of the hospital. We depend on our volunteers and need them to be responsible in fulfilling their commitment to the hospital. To help you understand our expectations, we have created a list of expectations for our junior volunteers.

1. A junior volunteer is expected to be on time for his or her regularly scheduled shift. Assigned shift hours must be adhered to unless changes have been requested and approved by the Volunteer Office in advance. Frequently, someone is waiting on a junior to arrive so they can leave for the day. Late arrivals and no-shows put a strain on the services we can provide to the departments. Absences for illness should be called into the Volunteer Office as early as possible. If we know someone is not coming in, we can replace them so we are not short-handed.
2. A junior volunteer is expected to dress appropriately for a professional work environment, in compliance with the dress code established by the Volunteer Office. No denim jeans, shorts, midriff-baring shirts, open-toed shoes or sandals are allowed at any time. Volunteer uniforms and I.D. badges must be worn; and I.D. badges must be visible and worn above the waist. Uniforms and badges are to be maintained by the volunteer with regular laundering of the uniform and care taken to protect the badge from damage or loss. Both uniform and badge are to be returned to the Volunteer Office if the volunteer stops volunteering.
3. A junior volunteer must exhibit behavior appropriate for a hospital environment. A junior volunteer is expected to be respectful, polite, and courteous; and should not engage in any loud or distracting activities while on duty. Personal electronic entertainment devices, i.e. laptop computers, Ipods, cell phones, etc., are not allowed to be used while on duty. Juniors are encouraged to busy themselves with quiet conversation, homework, or reading during “downtime.”
4. A junior volunteer is expected to take responsibility for any necessary correspondence with the Volunteer Office, and initiate telephone calls or office visits as needed for requested days off, copies of completed hours, letters of reference, etc.
5. A junior volunteer is expected to fulfill a minimum service of three months and complete a minimum of 40 hours over the course of those three months. A junior volunteer should notify the Volunteer Office in writing if he or she decides to stop volunteering. A two-week advance notice is appreciated.

If both you and your junior volunteer applicant agree to be bound by these requirements, please sign the “outline of expectations signature form” and the “commitment form” and return the forms to the Volunteer Office. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Michelle S. Caruso".

Michelle S. Caruso, CAVS
Director of Volunteer Services

A handwritten signature in black ink that reads "Kathryn A. Pesanelli".

Kathryn A. Pesanelli
Volunteer Coordinator



OUTLINE OF EXPECTATIONS SIGNATURE FORM

As an applicant and parent/guardian of an applicant to the Junior Volunteer Program, we understand the outlined expectations and agree to adhere to them.

Name: (please print) _____

Signature: _____

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

Date: _____

COMMITMENT FROM

As an applicant to the Junior Volunteer Program, I understand I am making a formal commitment of 40 hours over a three month period to the Jordan Hospital and fully intend to fulfill this commitment. I also understand that Volunteer Services will not sign-off on any community service forms until the entire 40 hour commitment has been met. Please sign this form and return it to the Volunteer Office.

Name: (please print) _____

Signature: _____

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

Date: _____

Jordan Hospital Volunteer Services
275 Sandwich Street, Plymouth, MA 02360
508.830.2075

We request that you provide us with **three (3)** references who can be either a friend (over 18 years of age), former employer, teacher, etc. (**not a relative**). Please include their name, full mailing address (including PO Box) and telephone number so we can contact them. After completing this form, please sign and date the release section at the bottom of this page and return it to Volunteer Services.

Applicant Name: _____
(Please print)

1. Reference:

Name: _____

Address: _____

Telephone # _____ Relationship: _____

2. Reference:

Name: _____

Address: _____

Telephone # _____ Relationship: _____

3. Reference:

Name: _____

Address: _____

Telephone # _____ Relationship: _____

I give permission for Jordan Hospital Volunteer Services to contact and obtain a personal reference from the people I have listed above.

Name of Applicant: _____
(Please Print)

Signature of Applicant: _____ Date: _____

**Jordan Hospital
275 Sandwich Street
Plymouth, MA 02360
508.830.2075**

MEMO

TO: Volunteers
FROM: Employee Health Service/Volunteer Services
SUBJECT: **IMMUNIZATION RECORDS**

The Employee Health Service Department requires volunteers to furnish a copy of their immunization record (if born after 1/1/57). They will be kept in Employee Health files.

The Massachusetts Department of Public Health mandates all individuals born after 1/1/57 must furnish to the Employee Health Service one of the following:

1. Supply at the time of your application, a complete Immunization Record either signed or initialed by your physician. This must include documentation of two immunizations to mumps, measles and rubella (MMR).

OR

2. A note from your physician stating you had childhood diseases of mumps, measles and rubella.

OR

3. A signed statement from your physician as to a contraindication to immunization (i.e., allergy, pregnancy, etc.)