

## Junior Volunteer Application

Dear Junior Applicant,

Thank you for your interest in the Junior Volunteer Program at Beth Israel Deaconess Hospital-Plymouth (BID-Plymouth). Our program is one of the finest volunteer efforts in the healthcare community. As an applicant to the volunteer program at BID-Plymouth, it is important you are aware of what is expected of our volunteers as we strive to fulfill our mission "to improve the health and well-being of our patients and community by providing a full continuum of health care services with excellence and compassion."

A volunteer position at BID-Plymouth 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.

BID-Plymouth 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; and unfortunately, not everyone who applies will be chosen. The screening process is thorough so as to give everyone a complete and fair chance at participating. Many factors are taken into consideration when making our decision such as an individual's qualifications, the completeness of their application, the availability of the candidate, the candidate's performance during the interview, demonstrated success in other areas such as school/volunteer activities and the skill set of the applicant. We strive to provide meaningful experiences for all of our participants.

Junior Volunteer Candidates must:

1. Be at least 16 and no more than 18 years old
2. Be able to commit to 80 hours over a six-month period
3. Have transportation to and from the hospital
4. Be available to attend the mandatory orientation program (upon the return of orientation)

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. Again, a commitment of 80 hours over 6 months is required and volunteers commit to the same day every week for a 3-hour shift after school or a 4-hour shift on weekends. **Any student who participates in an extracurricular activity (sports, drama, band, etc.) should delay applying until they have a 6 month block of unrestricted availability.**

Candidates must submit a resume and the attached application. It is important to read what should be included in the resume and what should accompany the submission: letters of recommendation, volunteer questionnaire, and a \$20 application fee. Checks should be made payable to Beth Israel Deaconess Hospital-Plymouth, Volunteer Services. The application fee will be refunded, if not chosen.

Incomplete applications will not be considered. Interviews will be conducted on an ongoing basis, including school vacation and half days.

We evaluate applicants based on their maturity, initiative and communication skills. If a parent/guardian calls on your behalf, it is not a good indication of your abilities.

If you are selected after the interview, we will send you additional paperwork detailing required immunization information, a background check form and you will be assigned a schedule.

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 [mspicer@bidplymouth.org](mailto:mspicer@bidplymouth.org). Thank you for your interest in Beth Israel Deaconess Hospital-Plymouth and for supporting us as we strive to fulfill our mission, vision and values.

Sincerely,

Mellissa Spicer  
Interim Volunteer Manager  
Beth Israel Deaconess Hospital-Plymouth

## ***JUNIOR VOLUNTEER PROGRAM***

*Give the world the best you have and the best will come back to you....*

*Be a Beth Israel Deaconess Hospital-Plymouth Volunteer.*

Beth Israel Deaconess Hospital-Plymouth volunteers reach out to others, serve the community and learn skills in the healthcare field. Some services volunteers provide are transporting discharged patients, delivering medical records, performing errands for the lab, assisting the food service department, and delivering mail and flowers to patients. Shifts are available Monday through Friday 3:30-8PM and weekends from 8AM-8PM.

### ***TO APPLY***

1. Fill out the application on page 4 including a brief paragraph describing yourself, why you would like to be accepted into the Volunteer Program and a summary of your skills/Achievements/hobbies/interests.
2. Complete the Volunteer questionnaire included in this packet.
3. Submit 3 letters of recommendation. The references must be adults (over age 22) and may **NOT** be a family member. One should be a teacher or guidance counselor. **When submitting your application via email, attach all Letters of Recommendation or mail all Letters of Recommendation with your application.**
4. \$20 Application Fee (Cash or Checks made payable to BID-P Volunteer Services)
5. Please return all applications to:  
Beth Israel Deaconess Hospital-Plymouth, Inc.  
Attn: Volunteer Services  
275 Sandwich Street, Plymouth, MA 02360  
or via email to: [volunteerservices@bidplymouth.org](mailto:volunteerservices@bidplymouth.org).

***JUNIOR VOLUNTEER PROGRAM***  
***Application***

Name:

Address:

Mailing Address:

Telephone Number:

E-mail Address:

Date of Birth:

School and Current Grade:

Social Security Number (Necessary for record keeping):

Brief paragraph describing yourself, why you would like to be accepted into the Volunteer Program and a summary of your skills/Achievements/hobbies/interests:

# VOLUNTEER QUESTIONNAIRE

Name: \_\_\_\_\_  
(Please Print)

- Are you prepared to commit to a minimum of 80 hours over six months of service and a minimum of one 3-4 hour shift per week?  
Yes No
- Please tell us why you would like to volunteer at Beth Israel Deaconess Hospital-Plymouth.
- 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?
- Please list and describe any volunteer positions you have previously held.
- Please tell us about any work or life experiences that you think has prepared you to succeed as a hospital volunteer.
- Do you have any special skills, talents or interests that you would be willing to share with us?

**BETH ISRAEL DEACONESS HOSPITAL-PLYMOUTH VOLUNTEER SERVICES  
EMERGENCY CONTACT INFORMATION**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

1. Emergency Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

2. Emergency Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

3. Emergency Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

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Applicant Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How would you rate your child's health?

Good

Fair

Is he/she currently under the care of a doctor? Yes No \_\_\_\_\_

If yes, please explain briefly:

Is he/she currently taking any medication:

If yes, please give name(s) of medication and dosage:

I give my full consent to have my child volunteer at Beth Israel Deaconess Hospital-Plymouth.

**Signature:**

**Parent or Guardian**

\_\_\_\_\_  
**(Please Print Name)**

Dear Parent and/or Guardian and Applicant:

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 BID-Plymouth volunteers:

1. A BID-Plymouth 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 for someone else 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 at 508.830.2075 or on the weekend to 508.732.4500. On weekends, be sure to call the front desk and the department you volunteer in to let them know you will be out. In addition, leave Volunteer Services a voicemail at 508.830.2075 or an email at [volunteerservices@bidplymouth.org](mailto:volunteerservices@bidplymouth.org). If we know someone is not coming in, we can replace them so we are not shorthanded.
2. A BID-Plymouth 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. Capris that are not tight and skirts that reach to the knee or longer are allowed. I.D. badges must be worn visible and 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. The I.D. badge is to be returned to the Volunteer Office when the volunteer ceases volunteering. The polo shirts are kept by the volunteers.
3. A BID-Plymouth volunteer must exhibit behavior appropriate for a hospital environment. A BID-Plymouth 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. Junior volunteers are encouraged to busy themselves with quiet conversation, or homework during “downtime.”
4. A BID-Plymouth volunteer, **not** a parent or guardian, 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 BID-Plymouth volunteer is expected to complete a minimum of 80 hours over a six month period. All BID-Plymouth volunteers should plan on completing a full shift on their last day and not leave in the middle of their shift because they have completed 80 hours. A BID-Plymouth volunteer should notify the Volunteer Office as soon as possible if time off is needed. Please notify the Volunteer Office as soon as you know of planned vacation, school activities, etc., so we can schedule appropriately.
6. Excessive unplanned absences, improper dress or manner, or any disregard for hospital or departmental policies and procedures will be grounds for immediate termination of volunteer assignment.
7. Community service hours will not be signed off until the minimum requirement of 80 hours is met. Anyone who successfully completes 80 hours may request a letter of recommendation from Volunteer Services for the purpose of employment or college applications.

## OUTLINE OF EXPECTATIONS SIGNATURE FORM

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

Applicant Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Name: (please print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## COMMITMENT FORM

As an applicant to the Volunteer Program, I understand I am making a formal commitment of 80 hours to the Beth Israel Deaconess Hospital-Plymouth 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 80 hour commitment has been met. Please sign this form and return it to the Volunteer Office.

Applicant Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Name: (please print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_