Hartford HealthCare
Backus Hospital

FOR OFFICE USE ONLY
Received:_____ Phone interview_____
Interview:_____ Orientation:_____
Screening:_____ Cleared:_____
Background Check:_____
Badge number:_____
Assignment:_____

APPLICATION FOR ADULT VOLUNTEER

Applicant Information

APPLICATION DATE:_____

Name:_____

Mailing Address:_____

City/State/ZIP Code:_____

Home Phone:_____ Cell:_____ Email:_____

Preferred method of communication: Home phone ☐ Cell phone ☐ Email ☐
Are you 18 years of age or older? Yes ☐ No ☐
How did you hear about our program? _____
Goals for volunteering your time:_____

_____

Service position desired: Clerical ☐ Gift Shop ☐ Patient Interaction ☐ Reception ☐ Other:_____

Location: Main Hospital ☐ BOCC ☐ Other _____

Availability:

Can you commit to at least 4 hours per week for 6 months? Yes ☐ No ☐
Date available to begin:_____ Total hours per week desired:_____ Seasonal: Yes ☐ No ☐
How long do you anticipate being able to volunteer at Backus? Please describe any breaks in your commitment:_____

Please indicate time preferences below with an X:

Hours	Sunday*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*
Morning							
Afternoon							
Evening*							

*Very limited availability after 4pm and on Saturday/Sunday

Health:

Do you agree to have a mandatory health screening? Yes ☐ No ☐
Do you agree to provide verification of 1st and 2nd MMR inoculations or titer? Yes ☐ No ☐
Do you agree to provide proof of 1st and 2nd varicella vaccinations, titer or physician-documented date of disease? Yes ☐ No ☐
Do you agree to have mandatory 2-step Tuberculosis tests? Yes ☐ No ☐
Do you agree to have a mandatory COVID-19 and flu vaccinations? Yes ☐ No ☐

Education:

School name	City/State	Last grade completed	Did you graduate?	Degree/diploma

Do you have specific skills, interests or hobbies that you think would benefit our staff/patients? If yes, please explain_____

_____

Have you ever volunteered for or been employed by Backus Hospital?

Name while at Backus:_____

Mailing address:_____

Dates employed/volunteered:_____Department(s)_____

Reason for leaving:_____

Employment and/or Volunteer Experience:

Are you currently employed? Yes ☐ No ☐ May we contact your current employer? Yes ☐ No ☐

Please list your present or last employer first. Include any verifiable volunteer work.

Please exclude organization names that indicate race, color, religion, gender or national origin.

Employment/Volunteer History	**Employment/Volunteer History**
Employer/Vol. Agency Name: Address: City, State:	Employer/Vol. Agency Name: Address: City, State:
Dates Employed: From: To:	Dates Employed: From: To:
Work Performed:	Work Performed:
Position Held:	Position Held:
Supervisor:	Supervisor:
Phone: ( )	Phone: ( )
Email:	Email:
Reason for leaving:	Reason for leaving:

References: (business, school or community contacts other than a relative)

Name:	Relationship:	City/State:	Telephone:
			( )
			( )
			( )

Backus Hospital Mission Statement

Backus Hospital delivers and coordinates a continuum of high quality healthcare that is sensitive to the needs of individuals in eastern Connecticut. The Hospital is committed to being responsive to those for whose benefit it exists and to improving the health of its communities.

APPLICANT STATEMENT: PLEASE READ CAREFULLY

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that if accepted as a volunteer, statements found to be false or misleading may be cause for my immediate dismissal. Backus Hospital has my permission to contact directly references I have listed, or any other sources, concerning my prior work or personal history, and I release all parties from any possible damages resulting from disclosing such information with or without prior notice to me. I hereby certify that I have not been sanctioned by any governmental health care program, including Medicare and Medicaid. I will immediately inform Backus Hospital if I am ever sanctioned by any such program.

Signature of Applicant:_____Date:_____