

330 Brookline Avenue, GZ/N – 210
Boston, MA 02215
(617) 667-3026

*An Affirmative Action
Equal Opportunity Employer*

**APPLICATION FOR VOLUNTEER SERVICE
SUMMER HEALTH CORPS PROGRAM**

Thank you for applying for a volunteer position with Beth Israel Deaconess Medical Center. We will make every effort to match your skills and interests with our available summer positions. Please assist us by completing this application as thoroughly as possible. We appreciate your interest in our organization. When we receive your application, we will call you for an interview and explain the process.

Date _____

Please Print Clearly

Name _____

Address _____
Street Town/City Zip Code

Volunteers must be at least 14 years old. Do you meet this requirement?
(Please circle) YES NO

_____ Social Security Number Birth Month/Day/Year

Telephone Number _____ Email _____

Parent or Guardian _____

Emergency Telephone Number _____

School and Address _____

Guidance Counselor or Teacher _____ Telephone _____

Work/Volunteer Experience _____

Career Objective _____

Languages Spoken _____

Talents/Interests _____

Personal References: Applications **must include** two letters of reference on letterhead from persons who have known you for several years, (e.g. rabbi, priest, minister, physician, teacher, counselor or employer). Letters from relatives or personal friends are not acceptable.

Who referred you to BIDMC? _____

My answers to the questions above are true and complete to the best of my knowledge. I understand that if I misrepresent or withhold information, it may result in my application being rejected or dismissal if discovered after my volunteer assignment begins. The Medical Center may make inquiries regarding my history and character to prior employers, schools, etc. and I hereby release employers, schools, or individuals from all liability in responding to inquiries in connection with my application and release the Medical Center from all liability with respect to such inquiries. As a volunteer, I agree to abide by the Medical Center's policies, rules and procedures and understand that I may end my volunteer assignment at any time with or without cause or notice and the Medical Center has the same rights.

Date

Signature

