



Beth Israel Deaconess Hospital Needham

BETH ISRAEL DEACONESS HOSPITAL-NEEDHAM VOLUNTEER APPLICATION

Name: _____
(Last) (First) (Middle)

Address: _____

Phone # _____ Cell Phone # _____

E-Mail Address: _____

In Emergency Notify: _____ Relationship _____ Phone# _____

References: 1. _____
2. _____

Education: High School _____ Graduate yes no
College: _____ Graduate yes no
Other: _____

Volunteer Experience: _____

Would you consider working a weekend? _____

Times available:

Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Date: _____
Signature of Applicant

If applicant is between the ages of 14 and 18 years old, parental consent is required.

I give consent for my daughter/son to participate and give volunteer service to the hospital and state that he/she is physically able to carry out this obligation. I relieve Beth Israel Deaconess Hospital-Needham of any liability in connection with this service.

Date: _____
Signature of Parent/Guardian

Please return this application to Kim Hinden, Director of Volunteer Services, Beth Israel Deaconess Hospital-Needham, 148 Chestnut Street, Needham, MA 02492. If you have any questions, please email Kim at khinden@bidneedham.org or call 781-453-5499. Thank you.