Thank you for Exploring Volunteer Opportunities Throughout
Spaulding Rehabilitation Network

Getting started as a new Spaulding Rehabilitation Network volunteer is a step by step process designed to ensure volunteers are oriented to the Network and Volunteer Department policies.

The first step is to schedule an interview. At this time you will complete an application and provide references. We will have an opportunity to speak one-on-one regarding your interest in volunteering and to discuss the opportunities available at a Spaulding Rehabilitation location, (Boston, Salem, Sandwich) which may be available, to match your skills and days and hours you are willing to serve. We request a 3-6 month minimum commitment to our volunteer program.

If we feel we have an opportunity that will match your skills, preferences and availability you will be asked to continue in the process by making an appointment with Occupational Health to be cleared for immunity to MMR (Measles, Mumps, Rubella) and TB (Tuberculosis). This is done to insure infection control throughout the Spaulding Network.

Also at this time, you will be asked to complete a CORI form. This is a state mandated background check required by all hospitals. Please present a photo such as a state driver’s license or passport.

After you are cleared by Occupational Health and receive a CORI clearance, we will provide a hospital volunteer orientation session containing detail about fire safety, patient confidentiality and hospital safety, for example, while serving as a volunteer.

Each service placement has specific training and supervision. In most cases you will “shadow” an experienced volunteer for a period of time.
VOLUNTEER APPLICATION

Name------------------------------------------------ Email---------------------------------------------------

Home Address-------------------------------------------------------------------------------------------------------------------

City, State ZIP--------------------------------------------------------------

Occupation ________________________________ Employer________________________

Work Address-------------------------------------------------------------------------------------------------------------------

City, State ZIP--------------------------------------------------------------

Home Phone__________________ Work Phone ___________________ Cell Phone_______________________

What is the best time for the Volunteer Office to reach you.___________________________________________

Which number do you prefer?__________________________________________________________________

Education

High School Degree____________________________________________________________

College Degree_______________________________________________________________

Graduate Study Degree________________________________________________________

Employment (please indicate place of employment, position & dates)

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__________________________________________________________________________________________

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How did you learn about volunteer opportunities at Spaulding?

__________________________________________________________________________________________

__________________________________________________________________________________________

Please describe any previous volunteer experience:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Please list any skills, hobbies, special training, or interests that you may have:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
Please list any medical information we should be aware of, such as allergies:
________________________________________________________________________________________
________________________________________________________________________________________

Emergency contact information:
Name
________________________________________________________________________________________
Relationship
________________________________________________________________________________________
Telephone number
________________________________________________________________________________________

Please indicate the names, addresses, and telephone numbers of two people we may contact for references.
Name_____________________________________________________________________________________
relationship________________________________________________________
Contact number/email______________________________________________________________________

Name_____________________________________________________________________________________
relationship________________________________________________________
Contact number/email______________________________________________________________________

Please indicate days of week and hours you are willing to volunteer.
Mon         Tue        Wed       Thu       Fri       Sat     Sun
AM (8:30 a.m. - 1:00 p.m.)_____________________
PM (12:30 p.m. - 8:00 p.m.)____________________

Please indicate your first (#1) and second (#2) choices of shifts for which you are available to volunteer,

To ensure that you derive the maximum benefit from your volunteer service, we require that all volunteers commit to a minimum or 3 months, 3 hours a week. (This will vary depending upon department).

I affirm that the information provided on this application is true and complete.
I understand that before I begin my volunteer service, I will be interviewed, attend training and orientation, submit health screening form, and submit to state mandated background check.

Signature_______________________________________________________ Date______________________

If under 18 years of age, the signature of parent or guardian is required.

Signature_______________________________________________________ Date______________________