

Thank you for exploring volunteer opportunities throughout Spaulding Rehabilitation. Getting started as a new Spaulding Rehabilitation volunteer is a step-by-step process designed to ensure volunteers are oriented to our Network, the hospital and Volunteer Department policies.

The first step is to 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, Cambridge, and 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:

- Receiving clearance from our Occupational Health Department for immunity to MMR (Measles, Mumps, Rubella), TB (Tuberculosis), seasonal Flu vaccination and COVID vaccinations. 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. You will be asked to present a photo I.D., 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.

Common Volunteer Opportunities (check area of interest - not all opportunities available at all sites)

<input type="checkbox"/> Greeter (main reception desk in lobby)	<input type="checkbox"/> Gift Shop
<input type="checkbox"/> Patient Survey Team	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Reiki (Level II Practitioners)	<input type="checkbox"/> Pet Therapy
<input type="checkbox"/> Patient Feeder (assist with feeding patients during meal times).	<input type="checkbox"/> Chaplaincy
<input type="checkbox"/> OT/PT/Speech: Observe	<input type="checkbox"/> Book Cart
<input type="checkbox"/> OT/PT/Speech: Volunteer (volunteering requires a 3-6 month commitment)	
<input type="checkbox"/> Adaptive Sports (visit our website for program details and to apply): http://spauldingrehab.org/conditions-and-treatments/adaptive-sports	
<input type="checkbox"/> Peer Visitor (specialized volunteer program for amputee, stroke, spinal cord injury, traumatic brain injury and burn survivors)	
<input type="checkbox"/> Patient Visits	<input type="checkbox"/> Arts (music, crafts, etc)

VOLUNTEER APPLICATION

Name _____ Email _____

Home Address _____

City _____ State _____ ZIP _____

Occupation _____ Employer _____

Current employment (position/location) _____

Contact Phone number _____ Email _____

Background

Education High School/College

Employment (please indicate place of employment, position)

How did you learn about volunteer opportunities at Spaulding?

Please describe any previous volunteer experience:

Language Skills: Are you Fluent in any language(s) other than English: Yes No

If Yes, please list: _____

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:

Spaulding requires that all volunteers are available to commit to a minimum of 3 months, 2-4-hours per week. (This will vary depending upon department). Most volunteer opportunities are Monday to Friday, between 9AM-5PM.

Please indicate days of week and hours you are available to volunteer.

Availability:

Monday: Start Time _____ End Time _____

Tuesday: Start Time _____ End Time _____

Wednesday: Start Time _____ End Time _____

Thursday: Start Time _____ End Time _____

Friday: Start Time _____ End Time _____

Saturday: Start Time _____ End Time _____

Sunday: Start Time _____ End Time _____

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, participate in training and orientation, receive health screening clearance 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 _____

Please provide two references on the attached reference forms.

VOLUNTEER REFERENCE FORM

Volunteer Applicant Full Name: _____

The person listed above has applied to be a volunteer in the Spaulding Rehabilitation Hospital Network. Please take a few moments to tell us your experiences with the applicant. This will help us evaluate the applicant’s abilities and suitability for this type of volunteer program.

Please return the completed form to the Volunteer Office or email it to the Volunteer Director:

- Spaulding Cape Cod: Julie Birch: jbirch@partners.org,
- Spaulding Cambridge and Spaulding Charlestown: Deb Margolis: dmargolis@partners.org

	OUTSTANDING STRENGTH	STRENGTH	COMPETENT	NEEDS IMPROVEMENT	WEAKNESS/NOT DEVELOPED
Promptness					
Initiative					
Emotional Maturity					
Communication Skills					
Demeanor/Disposition					
Ability to understand and follow policies & procedures					
Ability to fulfill commitments and responsibilities					
Ability to follow instructions					

In what capacity have you known the applicant? And for how long?

Did the applicant exhibit professional behavior (i.e., conduct, discretion, punctuality, appearance, skills, etc.)?

How would you describe his/her judgment under normal conditions?

How would you describe his/her judgment under stressful conditions?

Do you believe the applicant would succeed in a stressful and busy hospital environment? Please explain.

Name: _____ Title: _____

Signature: _____ Date: _____

Relationship to the prospective volunteer: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Thank you for your time.

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City: _____ State: _____ Zip: _____

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Thank you for your time.