



COOLEY DICKINSON
HOSPITAL
MASSACHUSETTS GENERAL HOSPITAL AFFILIATE

30 Locust St., PO Box 5001
Northampton, MA 01061-5001

Tel: 413-582-2000
cooley-dickinson.org

Thank you for your interest in Volunteering at Cooley Dickinson Hospital. We look forward to having you join us in providing outstanding care to our patients and their families.

To help us best utilize your time and skills, please complete the application form and return it to Volunteer Services. You must be at least 15 years old to apply. Once your application has been received we will contact you to arrange an interview.

The process for becoming a volunteer may take a few weeks. To protect you as well as patients, the following will need to be completed:

- Criminal Records check (CORI) form (completed at interview)
- TB screening
- A copy of your immunizations [mumps, rubella (German measles), rubeola (measles), chickenpox and hepatitis B, if applicable]
- two letters of reference
- orientation (held monthly and scheduled after TB screening has been completed)

We request a minimum commitment of 60 hours over 6 months. Exceptions may be made for students or with the permission of the department.

Internships: If you are a student requesting an internship for credit, before applying you must have your internship approved by your school, then contact Volunteer Services at 413-582-2252. Internships require a contract with the school which may take a month to finalize, so we recommend you apply a semester in advance.

If you have any questions, please call the Volunteer Services Department at 582-2251 or 582-2252.

Robin Kline
Director of Volunteer Services



Volunteer Application

It is the intent of the CDHCC to conform to Federal and State Laws pertaining to non-discrimination.

Mr. Miss. Last Name:	First	Middle	Home Phone:
Mrs. Ms.			Business/Cell Phone:
Address: No. Street	City	State	Zip
			Email:

In case of emergency notify:

Name:	Address:
Relationship:	Phone:

What do you hope to gain from your volunteer experience?

What is your current occupation?

Please describe any prior or present volunteer or community activities:

Please list any skills, hobbies or interests which will help us place you appropriately:

Have you ever volunteered at CDH before? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please note best days and times: <table border="0"> <tr> <td></td> <td>Mon</td> <td>Tues</td> <td>Wed</td> <td>Thurs</td> <td>Fri</td> <td>Sat</td> <td>Sun</td> </tr> <tr> <td>8-12</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>12-4</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4-8pm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	8-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-8pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Were you ever employed by CDHCC?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																	
Are you a member of the CDH Auxiliary?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																	
Are you a member of RSVP?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																	
Would you be interested in joining the Patient Family Advisory Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																	

STUDENTS ONLY	
School:	Major:
Is this an Internship for credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many TOTAL hours are required?
Commitment Level: Entire School Year <input type="checkbox"/> Summer only <input type="checkbox"/> Semester <input type="checkbox"/> Circle one: Fall Spring	
Year in School: Circle one: Freshman Sophomore Junior Senior	
Are you under 15 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

References (Do not include relatives)

Name:	Complete Mailing Address	Business/Occupation:
	Street: City: State: Zip:	
	Street: City: State: Zip:	
	Street: City: State: Zip:	

Previous Employment: List most recent first.

Name & Address:	Position & Duties:	Dates:
1.		From To
2.		From To
3.		From To

Name of School	Course of Study	Graduated?
High School:		
College/University:		
Other Schools:		

Mail, fax or scan to:
 Cooley Dickinson Hospital
 30 Locust Street
 P.O. Box 5001
 Northampton, MA 01061
 Volunteer Services
 (413)-582-2251
 Fax: 413-582-2951
 rkline4@cooleydickinson.org

Have you ever been sanctioned or excluded or been the subject of a sanction or exclusion proceeding by Medicare, Medicaid or other federal health care program? Yes No

Please Read Carefully

All of the above statements are true to the best of my knowledge. Any misstatements are sufficient cause for my dismissal.

I authorize The Cooley Dickinson Health Care Corporation to verify any information presented in this form and to request statements from references. In the event of my volunteering for the Cooley Dickinson Health Care Corporation, I agree to comply with all of The Cooley Dickinson Health Care Corporation's rules and regulations as they may be changed from time to time.

Signature: _____ Date: _____