VOLUNTEER APPLICATION

SUMMER ONLY

Applications for Summer Program consideration may be submitted between February 18th and March 29th only. Applications received prior to February 18th or postmarked after March 29th cannot be considered for summer placement.

(Please Print)

Today's Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ ☐ Home ☐ Work ☐ Mobile

E-Mail _____
(Please provide a valid e-mail address for ongoing correspondence)

Are you over 18 years of age? ☐ Yes ☐ No Date of Birth _____

I am available to volunteer at the following locations: (please check all that apply)
Volunteers must be able to provide their own transportation to satellite locations.

☐ Hartford (Main Campus)
☐ East Hartford ☐ Farmington ☐ Glastonbury ☐ Waterbury

Have you ever applied to this program before? ☐ Yes ☐ No

Do you have relatives employed at Connecticut Children's? ☐ Yes ☐ No

Name: _____

Relationship: _____

Department: _____

****

OFFICE USE ONLY:

Rcvd/Ack _____/_____ Complete: ☐ Yes ☐ No

Int. Request _____ Int. Scheduled _____

Dept. _____ Comments: _____

How did you hear about volunteer opportunities at Connecticut Children's?

_____

Have you or any family member ever received services at Connecticut Children's or any of their satellite offices? ☐ **Yes** ☐ **No**

If yes, date of last visit. _____

EDUCATION INFORMATION

Name/Location of School _____

Last Year Completed: _____ **Degree Awarded:** _____

EMPLOYMENT INFORMATION

Are you presently employed? ☐ **Yes** ☐ **No**

If yes, what kind of work do you do? _____

BACKGROUND INFORMATION

Have you ever been convicted of a crime other than a minor traffic violation? ☐ **Yes** ☐ **No**

Are there any criminal charges pending against you? ☐ **Yes** ☐ **No**

If yes, in what state? _____

Have you ever had any license, certificate or employment suspended, revoked, terminated or adversely affected? ☐ **Yes** ☐ **No**

If 'yes' to any of these questions, provide a full description including dates, circumstances, and authorities involved.

_____

_____

_____

Please detail all of your experiences with children, including paid employment, volunteer service, and personal experience.

_____

_____

_____

_____

Why do you want to volunteer at Connecticut Children's Medical Center?

_____

_____

_____

_____

Describe a situation where you put the needs of another or others ahead of your own?

_____

_____

_____

_____

If you could be anyone (real or fictional), who would you be and why?

_____

_____

_____

_____

What extracurricular or community activities do you participate in? What made you join these activities? Would these activities prevent you from honoring your volunteer commitment?

_____

_____

_____

_____

Areas of Interest

Using **1, 2,** and **3**, please indicate your first, second and third choice of placement within the Medical Center. Please note age requirements for each opportunity. (***Please choose a TOTAL of 3)***

	Minimum Age	Volunteer Opportunity	
_____	18	ARTReach Program – Inpatient Areas	Weekdays only
_____	14	ARTReach Program – Outpatient Areas	Weekdays only
_____	18	Child Life	Weekdays, Evenings and Weekends
_____	14	Clerical	Weekdays only
_____	16	Day Care (CCMC Campus)	Weekdays only
_____	16	Emergency Department	Weekdays, Evenings and Weekends
_____	16	Gift Shop	Weekdays only
_____	14	Reach Out and Read	Weekdays only
_____	16	Registration/Welcome Desk	Weekdays only

Depending on the area you are assigned, volunteer hours can be completed weekdays or weekends in 3-hour blocks of time. Please check (√) boxes to indicate what days/times you would be available to volunteer.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9:00am – Noon	☐	☐	☐	☐	☐	☐	☐
12:30 – 3:30pm	☐	☐	☐	☐	☐	☐	☐
3:00pm – 6:00pm	☐	☐	☐	☐	☐	☐	☐
5:00pm – 8:00pm	☐	☐	☐	☐	☐	☐	☐
*** Weekend and evening opportunities are limited to Child Life and the Emergency Department only.**							

Please give us the name and number of a family member or other person whom we should contact in case of emergency:

Name: _____

Relationship: _____

Telephone: _____ ☐ **Home** ☐ **Work** ☐ **Mobile**

AUTHORIZATION

I understand that Connecticut Children's Medical Center will consider me for a volunteer position on the basis of the information I have furnished on this application form, and that any false, misleading or incomplete statements made by me, or any omission of material fact shall prevent my volunteering or shall be cause for immediate dismissal from my volunteer assignment. I understand that the staff of the Volunteer Services Department will be calling the references I have listed on this application, and conducting a background check on me prior to being placed in the hospital. As part of the volunteer application process, and at any time during my volunteer placement, I authorize Connecticut Children's or any of its affiliates to obtain the record of any conviction for commission of a felony.

_____ _____

Signature **Date**

Incomplete applications or applications submitted without all required documentation as listed below will not be considered.

I have completed the following forms:

_____ **Volunteer Application**

_____ **Volunteer Agreement**

_____ **Pledge of Confidentiality**

_____ **Immunization Documentation**

_____ **Summer Volunteer Service Agreement**

Additional Documentation required:

_____ **Parental Consent** (***if under 18***)

Due to the large volume of applications received, submissions cannot be personally delivered to the Medical Center. Completed application packets <u>must be postmarked no later than March 29, 2013 and mailed</u> to the address listed below.

Connecticut Children's Medical Center
Volunteer Services Department
282 Washington Street
Hartford, CT 06106