



**MARTHA'S
VINEYARD
HOSPITAL**

VOLUNTEER APPLICATION FORM

Martha's Vineyard Hospital
P.O. Box 1477, One Hospital Road
Oak Bluffs, MA 02557
508-693-0410



LAST NAME	FIRST NAME	MIDDLE NAME	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	
ARE YOU 16 YEARS OR OLDER (YES / NO)		E-MAIL	

FAMILY DOCTOR	TELEPHONE NUMBER
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MEDICAL PROBLEMS WE SHOULD BE AWARE OF

I AUTHORIZE THE HOSPITAL TO ADMINISTER TO ME AT NO COST: (CIRCLE)

A QUANTIFERON TEST TO TEST FOR TUBERCULOSIS INFECTION	YES	NO
THE FLU VACCINE	YES	NO

WHY DO YOU WANT TO VOLUNTEER?

PREVIOUS WORK EXPERIENCE

PREVIOUS VOLUNTEER EXPERIENCE

EDUCATION OR OTHER SPECIAL TRAINING

SPECIAL SKILLS/TALENTS (CIRCLE) COMPUTER RETAIL CLERICAL PATIENT CONTACT OTHER _____

INDICATE THE DAYS AND TIMES AVAILABLE TO VOLUNTEER
MON ___ to ___; **TUES** ___ to ___; **WED** ___ to ___; **THURS** ___ to ___; **FRI** ___ to ___; **SAT** ___ to ___; **SUN** ___ to ___

ARE YOU ABLE TO VOLUNTEER 4 HOURS PER WEEK ON A REGULAR BASIS OR A MINIMUM OF 60 HOURS?	YES	NO
I AM INTERESTED IN VOLUNTEERING AT		
MARTHA'S VINEYARD HOSPITAL _____	WINDEMERE NURSING AND REHABILITATION CENTER _____	BOTH _____

YOUR EMERGENCY CONTACT INFORMATION		
PERSON TO NOTIFY IN CASE OF EMERGENCY: _____	RELATIONSHIP: _____	
DAY PHONE _____	CELL PHONE _____	WORK PHONE _____

SIGNATURE _____ - _____ DATE _____

Please mail the completed adult volunteer application to Martha's Vineyard Hospital, Attention Volunteer Services,
One Hospital Road, P.O. Box 1477, Oak Bluffs, MA 02557