



Please complete this form and email to [bmccone@shrinenet.org](mailto:bmccone@shrinenet.org) or  
Mail to Patient Care Services - Barbara McCone  
Shriners Hospitals for Children, 51 Blossom Street, Boston, MA 02114

Name		
Address		
City	State	Zip Code
Phone (Home)	(Mobile)	
Email Address		
Social Security Number		
<b>Emergency Contact</b>		
Name		
Phone (preferably mobile)		
Who referred you		
Masonic Affiliation: <span style="float: right;">Are you a Shriner? <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

<b>Education</b> Choose highest level that you completed
<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Under graduate <input type="checkbox"/> Post graduate
<b>Employment</b>
<input type="checkbox"/> Student at
<input type="checkbox"/> Employed at
<input type="checkbox"/> Retired from
<input type="checkbox"/> Unemployed
Have you ever been convicted of a crime? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>

<b>Why do you want to volunteer at Shriners Hospitals for Children?</b>
Foreign Language(s) that you speak
Special skills or interests
Do you have computer skills? If yes, please list. <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>

<b>Personal References</b> (not relatives)	
Name	Relationship
Daytime Phone Number	
Name	Relationship
Daytime Phone Number	
<b>Previous volunteer experience</b>	
Organization	Dates
Duties	
Supervisor	
Organization	Dates
Duties	
Supervisor	
Organization	Dates
Duties	
Supervisor	

<b>Preferred Volunteer Hours</b>						
<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

<b>Interested in</b>	
<input type="checkbox"/> Working directly with patients	<input type="checkbox"/> Wherever the need is greatest
<input type="checkbox"/> working in non-patient areas	
Other	

*I understand that I am applying for a **volunteer position** and that this is neither an application for employment nor a contract of employment.*

*I further understand that as a volunteer, I may not accept payment for my service and that I will incur the cost of transportation.*

*I certify that all facts and items listed on this application and subsequent forms I complete related to my volunteer service are true, complete and accurate.*

*I understand that any misrepresentation, omission of information, misleading or incomplete data may result in disqualification from consideration or dismissal as a volunteer.*

*I understand that as a volunteer, my service will be at will and may be terminated at any time with or without cause and with or without prior notice.*

*I give my approval to check my employment, volunteer, and personal references as well as criminal and child abuse records.*

*I authorize these references to give any pertinent information that they may have, and I authorize investigation of all statements contained herein.*

*I further release all parties from liability from any damage that may result from furnishing information.*

*I agree to receive any medical tests, drug screenings, and immunizations that may be required, and I authorize the release of all test results and any other related medical information to the management of Shriners Hospitals for Children - Boston. I agree to abide by the rules and regulations of Shriners Hospitals for Children.*

Applicant's signature

Date