

In compliance with Federal and State Laws, qualified applicants are considered for all assignments without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related physical or mental handicap.

Contact Information and Demographics

First Name

Last Name

Street Address

City

Zip Code

Email Address

Primary phone

At which campuses would you like to volunteer?
Check all that apply.

The Cambridge Hospital

Somerville Hospital

Everett Hospital (Everett)

Assembly Square (Somerville)

Other

Why do you want to volunteer at CHA?

Are you 18 years of age or older? Yes

No

Last 4 digits of your Social Security Number

Type of volunteer service preferred

Preferred days and times for volunteer assignments.
Check all that apply.

Mondays Tuesdays

Wednesdays Thursdays

Fridays Weekends

Mornings Afternoons

Evenings

What special skills or abilities would you bring to a volunteer assignment?

Check the highest level of education that you've completed.

- High School or GED
- Some College or Technical School
- Associates Degree
- Bachelors Degree or Higher
- Nursing or Medical School
- Other Specialized Training

Name the school or institution where you completed your highest level of education.

Are you proficient in a language other than English? If so, name the language(s).

- Portuguese
- Spanish
- Haitian Creole
- American Sign Language
- Other

Do you have volunteer experience?
If yes, name the location of your last volunteer assignment.

- No
- Yes

Are you currently employed?
If yes, name the company or employer.

- No
- Yes

Were you referred to CHA for a volunteer assignment?
If yes, name the person who made the referral.

- No
- Yes

Emergency Contact

First Name

Last Name

Relationship

Primary Phone

Alternate Phone

References

Provide contact information for 2 persons, other than a relative or personal friend, who have known you for several years (e.g. employer, teacher, counselor, rabbi, priest, minister, imam, physician.)

First Name

Last Name

Relationship

Email Address

Phone

First Name

Last Name

Relationship

Email Address

Phone

Electronic Signature and Certification

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in a rejection of this application or my discharge if discovered after volunteer service begins. I authorize Cambridge Health Alliance (CHA) to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application and release CHA from all liability with respect to such inquiries.

I understand that if I am a volunteer I will be a volunteer at will and may terminate my volunteer assignment at any time with or without cause or notice and that CHA also has that right. I also understand no representative of CHA, other than the CEO, has any authority to enter into any agreement for volunteer service for any specified period of time or to make any agreement contrary to the foregoing and that such agreement must be in writing. As a volunteer, I agree to abide by CHA's policies, rules and procedures and any changes thereto.

I understand that I must provide CHA with an updated immunization record which includes verification of Tuberculosis test within the past year. I understand that I must authorize CHA to conduct a Criminal History Check (CORI) prior to volunteer placement.

Check here to provide electronic signature.
By checking the "I certify" box, you indicate agreement with the above statements.

I Certify

Date of Application