

Volunteer Application Form

As a non-profit organization, Nantucket Cottage Hospital relies on our valuable Volunteer force to assist our clinicians and administrators. Thank you for considering volunteering your time and talents.

Please complete this application form and deliver it to the hospital's front desk located at:
57 Prospect Street, Nantucket, MA 02554

OR the application forms may be submitted via email to Rockel, HR Representative: rgordon10@mgb.org

Date of Application: _____

Name: _____

Address: _____

Are you 16 years or older? Yes ☐ No ☐

Phone (home) _____ (cell) _____

E-mail: _____

Year-Round Resident ☐ Seasonal Resident ☐

If seasonal, what months will you be on-island? _____

Educational Background High School ☐ College ☐ Other ☐

Place of Current Employment: _____

Volunteer Availability (Days of the week) _____

Are you able to commit to giving at least 4 hours per week? Yes ☐ No ☐

Please provide names and phone numbers for two personal or professional references:

Name _____ Phone _____

Name _____ Phone _____

We will contact you as soon as possible. **For more information, please call 508-825-8251.**