Mass General Brigham
Spaulding Rehabilitation

Thank you for exploring volunteer opportunities throughout Spaulding Rehabilitation Network. Getting started as a new Spaulding Rehabilitation Network volunteer is a step-by-step process designed to ensure volunteers are oriented to our Network, the hospital and Volunteer Department policies.

The first step is to complete an application and provide references. We will have an opportunity to speak one-on-one regarding your interest in volunteering and to discuss the opportunities available at a Spaulding Rehabilitation location, (Boston, Cambridge, and Sandwich) which may be available, to match your skills and days and hours you are willing to serve.

We request a 3-6 month minimum commitment to our volunteer program. If we feel we have an opportunity that will match your skills, preferences and availability you will be asked to complete the onboarding process by our Extended Workforce Team. This includes:

- Receiving clearance from our Occupational Health Department for immunity to MMR (Measles, Mumps, Rubella), TB (Tuberculosis), seasonal Flu vaccination. This is done to insure infection control throughout the Spaulding Network.
- Also at this time, you will be asked to complete a background check via HireRight. This is a state mandated background check required by all hospitals.

After you are cleared by the Extended Workforce Team, we will provide a hospital volunteer orientation session containing detail about fire safety, patient confidentiality and hospital safety, for example, while serving as a volunteer.

Each service placement has specific training and supervision. In most cases, you will "shadow" an experienced volunteer for a period of time.

Common Volunteer Opportunities (check area of interest - not all opportunities available at all sites)

☐ Greeter (main reception desk in lobby)	☐ Arts (music, crafts, games, etc.)
☐ Patient Visits	☐ Book Cart
☐ Patient Survey Team	☐ Chaplaincy/Eucharistic Minister
☐ Pediatrics	☐ Pet Therapy
☐ Reiki (Level II Practitioners)	☐ Gift Shop (*Cape location only*)
☐ Adaptive Sports (visit our website for program details and to apply): http://spauldingrehab.org/conditions-and-treatments/adaptive-sports	
☐ Peer Visitor (specialized volunteer program for amputee, stroke, spinal cord injury, traumatic brain injury and burn survivors)	
☐ Patient Feeder (assist with feeding SCI patients during mealtimes) *(Charlestown only)*	

Check the Spaulding site(s) you are interested in volunteering:

☐ Cambridge ☐ Charlestown ☐ Cape Cod

VOLUNTEER APPLICATION

Name_____ Email_____

Home Address_____

City_____ State _____ ZIP_____

Occupation_____Employer_____

Current employment (position/location) _____

Contact Phone number_____ Email _____

Background

Education High School/College

_____

Employment (please indicate place of employment, position)

_____

_____

_____

_____

How did you learn about volunteer opportunities at Spaulding?

_____

_____

Please describe any previous volunteer experience:

_____

_____

_____

_____

Language Skills: Are you Fluent in any language(s) other than English: ☐ Yes ☐ No

If Yes, please list: _____

_____

Please list any skills, hobbies, special training, or interests that you may have:

_____

_____

_____

Please list any medical information we should be aware of, such as allergies:

_____

_____

Spaulding requires that all volunteers are available to commit to a minimum of 3 months, 2-4-hours per week. (This will vary depending upon department). Most volunteer opportunities are Monday to Friday, between 9AM-5PM.

Please indicate days of week and hours you are available to volunteer.

Availability:

Monday: Start Time_____ End Time_____

Tuesday: Start Time_____ End Time_____

Wednesday: Start Time_____ End Time_____

Thursday: Start Time_____ End Time_____

Friday: Start Time_____ End Time_____

Saturday: Start Time_____ End Time_____

Sunday: Start Time_____ End Time_____

I affirm that the information provided on this application is true and complete. I understand that before I begin my volunteer service, I will be interviewed, participate in training and orientation, receive health screening clearance and submit to state mandated background check.

Signature_____ Date_____

If under 18 years of age, the signature of parent or guardian is required.

Signature_____Date_____

Please provide two references on the attached reference forms.

Mass General Brigham
Spaulding Rehabilitation

VOLUNTEER REFERENCE FORM

Volunteer Applicant Full Name: _____

The person listed above has applied to be a volunteer in the Spaulding Rehabilitation Hospital Network. Please take a few moments to tell us your experiences with the applicant. This will help us evaluate the applicant's abilities and suitability for this type of volunteer program.

Please return the completed form to the Volunteer Office or email it to the Volunteer Coordinator:

- Julie Birch: jabirch@mgb.org

	OUTSTANDING STRENGTH	STRENGTH	COMPETENT	NEEDS IMPROVEMENT	WEAKNESS/NOT DEVELOPED
Promptness					
Initiative					
Emotional Maturity					
Communication Skills					
Demeanor/Disposition					
Ability to understand and follow policies & procedures					
Ability to fulfill commitments and responsibilities					
Ability to follow instructions					

In what capacity have you known the applicant? And for how long?

_____
_____
_____
_____
_____

Did the applicant exhibit professional behavior (i.e., conduct, discretion, punctuality, appearance, skills, etc.)?

_____
_____
_____
_____

How would you describe his/her judgment under normal conditions?

_____
_____
_____
_____

How would you describe his/her judgment under stressful conditions?

_____
_____
_____
_____

Do you believe the applicant would succeed in a stressful and busy hospital environment? Please explain.

_____
_____
_____
_____

Name: _____ Title: _____

Signature: _____ Date: _____

Relationship to the prospective volunteer: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Thank you for your time.

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Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Thank you for your time.