

Dear *Summer at BID-Plymouth* Applicant:

Thank you for your interest in the *Summer at BID-Plymouth* program at Beth Israel Deaconess-Plymouth. Participants in the *Summer at BID-Plymouth Program* reach out to others, serve the community and learn skills in the field of healthcare. Every year, interest has increased and the program has become highly competitive. All candidates are given full consideration and the final selection is based on the strength of a person's qualifications, their availability and their ability to contribute to the Hospital's mission.

The screening process for the candidates is thorough. We give everyone a complete and fair chance at participating. Candidates are **not** chosen on a first come, first served basis. We review qualifications, the completeness of the application, the availability of the candidate, the candidate's performance during the interview, demonstrated success in other areas (school and other volunteer activities), and the skill set of the applicant. Not everyone who expresses an interest can be accepted because our ability to provide meaningful experiences to participants has limits.

To be best positioned to have a great experience, the candidate must:

1. Be at least 16 and no more than 18 years old.
2. Be able to commit to 80 hours over the course of the summer
3. Have transportation to and from the hospital.
4. Be available to attend the mandatory orientation program in June or July

Summer at BID-Plymouth candidates must submit a **resume**, not an application. It is important to read what should be included in the resume and what should accompany the submission and that information can be found on page 2. Candidates should also note the application deadline is **March 31st**. Incomplete applications and applications received after the deadline cannot be considered because it would be unfair to others applying. Interviews will be conducted on an ongoing basis, including school vacation and half days. *Summer at BID-Plymouth* will accept approximately 10 candidates. Candidates will be notified of their acceptance by June 1st.

Please note all volunteers are required to have their MMR, TB/Mantoux, Varicella and Covid series, plus one booster. You will be directed to make an appointment with our Occupational Health department **after the interview process**. **Please bring a copy of your immunization record to this appointment.**

If you need additional information or have any questions, it is important that the **applicant** contact the Volunteer Office at 508.830.2075. We evaluate applicants based on their maturity, initiative and communication skills. If a parent/guardian calls on your behalf, it is not a good indication of your abilities. You should also feel free to contact us via email at volunteerservices@bidplymouth.org. *Summer at BID-Plymouth* is an exciting program and many former participants have gone on to pursue careers in healthcare. We look forward to receiving your application and meeting you in person.

Sincerely,

Melissa Spicer

Manager of Volunteer Services

SUMMER AT BID-PLYMOUTH

*Give the world the best you have and the best will come back to you....
Be a Beth Israel Deaconess-Plymouth Volunteer.*

Mission: To improve the health and well-being of our patients and community by providing a full continuum of health care services with excellence and compassion.

Spend your summer at Beth Israel Deaconess-Plymouth and be part of the exciting *Summer at BID-Plymouth Program*. Participants in the *Summer at BID-Plymouth Program* reach out to others, serve the community and learn skills in the healthcare field. Shifts are available Monday through Friday. A variety of opportunities await you when you walk through the doors of Beth Israel Deaconess-Plymouth. Your experiences can be a key to a new and exciting future.

TO APPLY:

Please submit the following information typed and in **RESUME** form.

- Name
- Address
- Telephone Number
- E-mail Address
- Date of Birth
- School and Grade you will complete in June of this year
- Social Security Number (Necessary for record keeping)
- A brief paragraph describing yourself, why you would like to be accepted into the *Summer at BID-Plymouth Program* and a summary of your skills/ achievements/hobbies/interests.
- The completed questionnaire included in this packet.
- 3 letters of recommendation. The references must be adults (over age 22) and may **NOT** be a family member. One should be a teacher or guidance counselor. **When submitting your application via email, attach all Letters of Recommendation or mail all Letters of Recommendation with your application.**
- Complete the background check form titled, "The Commonwealth of Massachusetts Executive Office of Public Safety & Security," **BE SURE TO SEND A COPY OF YOUR LICENSE/ID or we can't complete this.**
- \$20 Application Fee (Cash or checks payable to BID-Plymouth Volunteer Services)
- Return all applications to volunteerservices@bidplymouth.org or
Mail to: Beth Israel Deaconess Hospital-Plymouth, Volunteer Services,
275 Sandwich Street, Plymouth MA 02360

VOLUNTEER QUESTIONNAIRE

Name: _____
(Please Print)

1. Please tell us why you would like to volunteer at Beth Israel Deaconess-Plymouth.
2. Please describe for us a time when you have interacted with someone who was ill or recovering from a physical or mental illness. What were your challenges and successes?
3. Please list and describe any volunteer positions you have previously held.
4. Please tell us about any work or life experiences that you think has prepared you to succeed as a hospital volunteer.
5. Do you have any special skills, talents or interests that you would be willing to share with us?

Dear Applicant & Parent or Guardian of *Summer at BID-Plymouth* Applicant:

As both the applicant and parent/guardian of an applicant to the *Summer at BID-Plymouth* program at Beth Israel Deaconess-Plymouth, it is important that you be aware of what is expected of our volunteers as we strive to fulfill our mission. A volunteer position at Beth Israel Deaconess-Plymouth involves a serious commitment and a high level of responsibility. It is a structured program that supplements and complements the goals of the hospital. We depend on our volunteers and need them to be responsible in fulfilling their commitment to the hospital. To help you understand our expectations, we have created an outline of expectations for our *Summer at BID-Plymouth* volunteers.

1. A *Summer at BID-Plymouth* volunteer is expected to dress appropriately for a professional work environment, in compliance with the dress code established by the Volunteer Office. No denim jeans, shorts, midriff-baring shirts, open-toed shoes or sandals are allowed at any time. Skirts that reach the knee or longer are allowed. BID-Plymouth embroidered polo shirts and I.D. badges must be worn; and I.D. badges must be visible and worn above the waist. Uniforms and badges are to be maintained by the volunteer with regular laundering of the uniform and care taken to protect the badge from damage or loss. The I.D. badge is to be returned to the Volunteer Office at the end of the summer program. The polo shirts are kept by the volunteers.
2. A *Summer at BID-Plymouth* volunteer is expected to be on time for his or her regularly scheduled shift. Assigned shift hours must be adhered to unless changes have been requested and approved by the Volunteer Office in advance. Late arrivals and no-shows put a strain on the services we can provide for our patients. Absences for illness should be called in the following way:

Weekdays:

Contact the Volunteer Office at 508.830.2075. **Anyone volunteering directly in a department such as, surgical services, endoscopy, pathology, an in-patient floor, etc. must notify that department of any absences, *in addition* to notifying the Volunteer Office.** Please make sure you obtain the correct contact information.

Weekends & after 3PM:

If you have an emergency and are calling out on a weekend be sure to call Volunteer Services at 508.830.2075, or email volunteerservices@bidplymouth.org, and leave a message and explanation as to why you were not able to come in. ***In addition***, call **the department supervisor you volunteer for, such as in surgical services, endoscopy, pathology, an in-patient floor, etc.** Please make sure you obtain the correct contact information

3. A *Summer at BID-Plymouth* volunteer must exhibit behavior appropriate for a hospital environment. A *Summer at BID-Plymouth* volunteer is expected to be respectful, polite, and courteous. A volunteer should not engage in any loud or distracting activities while on duty. Personal electronic entertainment devices, i.e. laptop computers, Ipods, cell phones, etc., are not allowed to be used while on duty. *Summer at BID-Plymouth* volunteers are encouraged to busy themselves with quiet conversation, or summer reading during “downtime.”
4. A *Summer at BID-Plymouth* volunteer, **not** a parent or guardian, is expected to take responsibility for any necessary communication with the Volunteer Office, and initiate telephone calls or office visits as needed for requested days off, copies of completed hours, letters of reference, etc.
5. A *Summer at BID-Plymouth* volunteer is expected to complete a minimum of 80 hours during the summer. All *Summer at BID-Plymouth* volunteers should plan on completing a full shift on their last day and not leave midday because they have completed 80 hours. A *Summer at BID-Plymouth* volunteer should notify the Volunteer Office as soon as possible if time off is needed for vacations, camps, retreats, etc., so we can schedule appropriately.

OUTLINE OF EXPECTATIONS SIGNATURE FORM

As an applicant and parent/guardian of an applicant to the *Summer at BID-Plymouth* Volunteer Program, we understand the outlined expectations and agree to adhere to them.

Applicant Name: (please print) _____

Signature: _____
Typed name accepted as Electronic Signature

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____
Typed name accepted as Electronic signature

Date: _____

COMMITMENT FORM

As an applicant to the *Summer at BID-Plymouth* Program, I understand I am making a formal commitment of 80 hours over the summer to the Beth Israel Deaconess-Plymouth and fully intend to fulfill this commitment. I also understand that Volunteer Services will not sign-off on any community service forms until the entire 80-hour commitment has been met. Please sign this form and return it to the Volunteer Office.

Applicant Name: (please print) _____

Signature: _____
Typed name accepted as Electronic Signature

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____
Typed name accepted as Electronic Signature

Date: _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Beth Israel Hospital Plymouth is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. **Beth Israel Hospital Plymouth** has authorized GLOBAL HR RESEARCH to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to GLOBAL HR RESEARCH to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Beth Israel Hospital Plymouth** with written notice of my intent to withdraw consent to a CORI check.

I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **Beth Israel Hospital Plymouth** to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

GLOBAL HR RESEARCH, on behalf of **Beth Israel Hospital Plymouth** may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____ Former Last Name 2: _____

Former Last Name 3: _____ Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: XXX - _____ - _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt # or Suite: _____ * City: _____ * State: _____ * Zip: _____

SUBJECT VERIFICATION – TO BE COMPLETED BY THE EMPLOYER

* The above information was verified by reviewing the following form(s) of government-issued identification:

I certify that **Beth Israel Hospital Plymouth** is in compliance with all applicable state and federal consumer reporting statutes, and will not misuse any information in violation of federal or state equal employment opportunity laws or regulations.

VERIFIED BY: _____

*Name of Verifying Employee (Please Print)

*Signature of Verifying Employee

*Permissible Purpose: Employment: Applicant Employment: Current Employee Americorps Program
 Employment: Sub-contractor Volunteers/Interns: Applicant Volunteers/Interns: Current

*This individual is reasonably expected to earn annually: Over \$75,000 Under \$75,000