

Application for Volunteer Service at McLean Hospital

Please fax to 617-855-2120 and email to brownc@mcleanpo.mclean.org

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Date: _____

Name: (Please print):

(Last) (First) (Middle)

Address (local):

(City) (State) (Zip)

Telephone # _____

E-mail address: _____

Address (Permanent)

(City) (State) (Zip)

Telephone # _____

Present School or Business Concern:

Telephone # _____

In Case of Emergency Notify (Name and Relationship):

Telephone # _____

Education

High School:

(Name)

College:

(Name)

Current Academic Standing (Circle):

High School College Graduate Student

Fr. So. Jr. Sr.

Major study _____

Degree _____

Other _____

Degree _____

Volunteer Experience – Most Recent (Give Agency/Program and Dates)

Work Experience – Most Recent (Give Employer, Position and Dates)

References (Two persons other than relatives)

I have received, read, understood and will follow the McLean Hospital ***Guidelines for Volunteers.***

Signature:

Please fax to 617 - 855 - 2120

Thank you for your desire to donate your time and skills to McLean Hospital. Our volunteers do much to expand programs and increase services to patients.

Please do not forget to e-mail a copy of your resume to:

[**brownc@mcleanpo.mclean.org**](mailto:brownc@mcleanpo.mclean.org)

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