



**VOLUNTEER DEPARTMENT • HARRINGTON HOSPITAL  
100 SOUTH STREET • SOUTHBRIDGE, MA 01550**

**Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Mailing Address:**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ @ \_\_\_\_\_

**Present Occupation:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Person to contact in case of emergency:**

**Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone (Home):** \_\_\_\_\_

**(Work):** \_\_\_\_\_

**Work Availability:**

**Weekdays/Days:** \_\_\_\_\_ **Evenings:** \_\_\_\_\_

**Weekends/Days:** \_\_\_\_\_ **Evenings:** \_\_\_\_\_

**Location:** Check Mark Location of Interest:

\_\_\_\_\_ **Harrington Main Campus** \_\_\_\_\_ **Harrington 61 Pine/G.B. Wells**

\_\_\_\_\_ **Harrington HealthCare at Hubbard** \_\_\_\_\_ **The Cancer Center at Harrington**

**Foreign language(s) spoken fluently:** \_\_\_\_\_

**Areas of interest:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**References: For Example: Adult Friends, Clergy, Teacher, Supervisor, or Coach.  
No Relatives maybe used as a reference.**

1. **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

The Volunteer Department complies with all state and local regulations and meets requirements of the Joint Commission on Accreditation of Healthcare Organizations.

**Applicant Signature:** \_\_\_\_\_

