



Volunteer Services at Fairview Hospital
Wendy Dottavio, Manager of Volunteer Programs
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Volunteer Application

Please print clearly and return to Volunteer Services at Fairview Hospital.

Name: _____ Date: _____
(first) (middle) (last)

Mailing Address: _____
(street)

(city) (state) (zip code)

Telephone Number: _____
(home) (work or cell)

E-mail Address: _____

Are you 18 years or older? Yes No

If you have been referred to Fairview by an individual or an organization, please list name below:

High School or College Students – please fill in information about your current school and department/assignment preference:

High School/College/Trade School	Major/Degree/Emphasis
1.	
2.	

Department or Assignment Preference:

Which department(s) would you like to observe? _____

Any hour requirements? _____

Other information: _____

Emergency Notification

In case of emergency, who should be notified?

Name: _____ Relationship: _____

Home Telephone: _____ Work or Cell: _____

Applicant Signature: _____ Date: _____