

**VOLUNTEER QUICK REGISTRATION FORM**

Note: You need to complete this Quick Registration Form in order to start your volunteer assignment. If you will be having BWH patient services you would need to go to Patient Financial Services located at 45 Francis Street to complete a full registration.

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|-----------------------------|---------------------|-------------------|----------|---------------|
| PATIENT INFORMATION: | | | | |
| Last Name | First Name | MI | Sex | MRN |
| Social Security Number | DOB (mm/dd/year) | | Language | Ethnic Origin |
| Street Address: | | | | |
| City/Town: | | | State | Zip |
| Home Phone: | | Additional Phone: | | |

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|----------------------------------|
| Emergency Contact Person: |
| Relationship: |
| Home Phone: |
| Additional Phone: |

| | | | |
|-------------------------------|------------|-------------------------------|------------|
| INSURANCE INFORMATION: | | INSURANCE INFORMATION: | |
| Primary Insurance: | | Secondary Insurance: | |
| Telephone # : | | Telephone # : | |
| Subscriber | | Subscriber | |
| Last Name | First Name | Last name | First Name |
| Relationship To Patient: | | Relationship To Patient: | |
| Policy # : | | Policy # : | |
| Suffix # : | Group # | Suffix # : | Group # |

| | |
|---------------------------|--------------|
| Patient Signature: | Date: |
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