



APPLICATION FOR ADULT VOLUNTEER SERVICE

Mr/Mrs./Ms: _____
Last Name First

Address(actual location)_____

Mailing Address _____ E-Mail _____ Phone# _____

Education/Special Training _____

Business Experience _____

Volunteer Experience _____

Clubss/Organization Affiliations _____

Foreign Language (fluently)_____

How did you hear about NVRH Volunteer Program? _____

Are you legally eligible for employment in the United States? **Yes** **No**

Are there circumstances that might affect your ability to perform job-related tasks safely? **Yes** **No**

If “yes” please give details _____

In an emergency notify _____ Relationship: _____ Phone _____

List two personal references (Name/Address/Phone)

Your reason(s) for wanting to volunteer at NVRH _____

- Are you willing to be scheduled: ___ Regularly Scheduled ___ On Call ___ Substitute
- Days Available: ___ Mon day ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday
- Approximate Hours Available Weekly? _____

PLEASE READ AND SIGN THE BACK OF THIS PAGE. THANK YOU

I understand that any falsification, misrepresentation, or omission of necessary information contained in this application will result in the cancellation of this application, and if I am already acting as a NVRH Volunteer may



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be cause for immediate dismissal from the program.

I hereby grant permission to Northeastern Vermont Regional Hospital to investigate my references and background. I also release NVRH from any and all liability from such investigation.

Upon leaving NVRH, I agree to return any and all property including jackets, vests and identification cards.

I agree to conform to the rules and regulations of NVRH Volunteer Services Department.

Date: _____

Signature: _____

(Department Use Only)

Interview date _____ **Starting Date** _____ **PPD** _____ **CR** _____

Assignment area(s) _____ **Time** _____ **Trainer(s)** _____