



APPLICATION FOR JUNIOR VOLUNTEER OR HIGH SCHOOL INTERNSHIPS

_____ Last Name _____ First Name _____

Address (actual location) _____

Mailing Address _____ E-Mail _____ Phone # _____

School Attending: _____ Grade: _____

Volunteer Experience _____

Hobbies/Interests _____

Clubs/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 you between 15 and 17 years old? **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 _____

(Please complete reverse side)

- 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 THE PAGE. THANK YOU!**

(Department Use Only)

Interview date _____ Starting Date _____ PPD _____ CR _____

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

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 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.

NVRH does not discriminate based on race, religion, sex, sexual orientation.

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

Date: _____

Signature: _____