

Valley Regional Hospital

Volunteer Application

The following information will be used to match you with the volunteer position that best suits your interests and abilities. Please complete all of the questions as thoroughly as possible. The more information you share, the more likely it is that your volunteer experience will be a successful and rewarding one.

Return completed form to: Valley Regional Hospital
Volunteer Services Department
243 Elm Street
Claremont, New Hampshire 03743

Name: _____

Street/Mailing Address _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

Email: _____

In an emergency, notify: _____ Relationship: _____ Tel#: _____

Academic Degrees or Special Training: _____

Community Organizations or Clubs: _____

Please list any special skills, interests and/or hobbies: _____

How many hours a week would you like to contribute? _____

What days and time are you most available? _____

Is there a specific hospital department in which you would like to volunteer? _____

Is there a particular kind of volunteer work that you would most like to do? _____

Employment:

1. Present / Last Employer: _____ From: _____ To: _____
Position Held: _____ Reason for Leaving: _____

2. Present / Last Employer: _____ From: _____ To: _____
Position Held: _____ Reason for Leaving: _____

References:

Two persons other than relatives. If student, give advisor or faculty member and one other person.

Name: _____ Tel#: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Tel#: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Are you doing this for course/community service requirements or an internship? _____

If yes, how long and/or how many hours are required? _____

Contact person at school/community center/other: _____ Tel# _____

I agree to comply with all hospital policies, including, but not limited to, protection of patient privacy and confidentiality. I affirm that all information provided on this application and accompanying material is complete and true. I understand that my acceptance into the volunteer program is contingent upon satisfactory results of my health screening, reference check and other information provided by me. I understand that the hospital reserves the right to terminate my service as a volunteer when, in the opinion of the director of volunteers services, such action is warranted.

Signature: _____ Date: _____