Valley Regional Healthcare

Volunteer Application

Name:_____Date:_____

Mailing Address:_____

Home phone: _____Cell phone: _____E-mail: _____

I was referred by: _____

List of interests/hobbies you would be willing to share:_____

Computer/office skills: _____

Please list any special talents, skills and/or anything else you would like us to know: _____

_____

Availability | Interest

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

Please ☒ the day(s) of the week you would like to volunteer and times:

❒Mon _____ ❒ Tues _____ ❒Wed _____ ❒Thurs _____ ❒Fri _____ ❒ Sat _____ ❒Sun _____

Areas / departments that interest you: _____

Date available to start volunteering: _____

Tell us why you are interested in volunteering: _____

General

Are you a former employee/volunteer of VRH? If yes, what department and when? _____

Reason for leaving? _____

Do you have any relatives employed / volunteering at VRH? ☐ Yes ☐ No

Name:_____ Relationship:_____Department:_____

Name:_____ Relationship:_____Department:_____

Prior Volunteer Experience(s)

_____

Please Read Carefully

I hereby affirm that the information provided by me on this application is true and complete, and I understand that any falsified information or material omissions of fact may disqualify me from further consideration and may be considered justification for dismissal if discovered at a later date. I understand that my volunteering service is contingent upon passing a background check satisfactory completion of immunizations tests, which will be given by a designee of Valley Regional at the facility's expense. I consent to such examination and tests and I request that the examining body disclose to Valley regional the results of said tests and checks. I also understand that this application will remain active for a period not to exceed 60 days.

_____ _____

Applicant Signature *Date*

_____ _____

Parent(s) or Guardian Signature (if applicable) *Date*

Please return completed forms to: Nichole Nash, Volunteer Coordinator | 243 Elm Street, Claremont, NH 03743
Nichole.Nash@vrh.org | Fax 603.542.3491