



Choosing Health

# Northeastern Vermont Regional Hospital

## APPLICATION FOR ADULT VOLUNTEER SERVICE

Full Name: \_\_\_\_\_  
Last Name First

Address (actual location) \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone# \_\_\_\_\_

Education/Special Training \_\_\_\_\_

Business Experience \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

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 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 be cause for immediate dismissal from the program.



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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: \_\_\_\_\_

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*(Department Use Only)*

Interview date \_\_\_\_\_ Starting Date \_\_\_\_\_ PPD \_\_\_\_\_ CR \_\_\_\_\_

Assignment area(s) \_\_\_\_\_ Time \_\_\_\_\_ Trainer(s) \_\_\_\_\_