



Choosing Health

Northeastern Vermont Regional Hospital

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)

Two blank lines for references

Your reason(s) for wanting to volunteer at NVRH

Blank line for reason

(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)



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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: _____



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Updated 10/2022