



Application for Volunteer Service

Laconia: (603) 524-3211 Ext. 6720 Franklin: (603) 934-2060 Ext. 207

All applicants will be considered for volunteer services without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition, sexual orientation or disability, or any other status protected by law.

Personal: Please Print Today's Date _____

Name _____
Last First MI

Mailing Address _____
Number Street

City State Zip Code

Telephone No. () _____ Referred by: _____
Name, Agency, School, Other

Are you over 18 years of age? _____ Yes _____ No *If No, a work permit will be required.*

If driving a vehicle please provide: Make _____ Model _____ Plate # _____ for parking.

Have you ever been arrested or convicted of a crime that a court has not annulled? _____ Yes _____ No

If yes, please attach explanation, state offense, date, and location.

Volunteer Position Interest:

Position(s) desired: _____

If undecided, is there a particular type of volunteer service in which you are interested? *Check all that apply.*

_____ Gift Shop _____ Support services to patient care
_____ Support services to staff _____ Other: _____

Is there a particular department or group with whom you are interested in volunteering? *Check all that apply.*

_____ Adults _____ Children _____ Staff _____ No Preference

Department: _____
State your preference

Are there groups you would not feel comfortable volunteering with? _____ No _____ Yes

Skills and Interests:

Educational Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Previous Volunteer Experience: _____

Availability: Are there particular days and/or times you are interested in volunteering?

____ I am flexible ____ Prefer weekdays ____ Prefer weekends

____ Prefer days ____ Prefer mornings ____ Prefer afternoons

____ Other _____

References: List three (3) personal references:

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

The above information is true and complete to the best of my knowledge. Should I become a volunteer at LRGHealthcare, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. LRGHealthcare has my permission to obtain all necessary information from the references I have listed. I release all parties from any possible damages resulting from disclosing such information with our without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to LRGHealthcare.

I understand this application does not constitute an employment contract of any kind at LRGHealthcare. I understand that this application does not constitute a guarantee of volunteer service assignment of any kind at LRGHealthcare. Should I be assigned to volunteer service at LRGHealthcare, I may resign such service anytime at my discretion, with or without prior notice and LRGHealthcare may terminate my volunteer service anytime at their discretion, with or without cause and with or without prior notice.

Signature of Applicant: _____