

## ADULT VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Two professional references name, relationship, and phone or email:

1) \_\_\_\_\_

2) \_\_\_\_\_

Limitations and/or accommodations needed: \_\_\_\_\_

What day or days of the week are you available?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Shift: ☐ 7 am – 10 am ☐ 10 am – 1 pm ☐ 1 pm – 4 pm ☐ 4 pm – 6 pm

What skills would you enjoy utilizing at LRH? Such as computer, finance, retail or any other skills. \_\_\_\_\_

What hobbies or special interests would you be interested in sharing with our patients? Such as music, reading, singing, etc. \_\_\_\_\_

More on back side.



Please select areas you are interested in helping (select all that apply).

- ☐ Main Desk (near emergency department) – work as a team of two to greet patients and visitors, give directions, occasionally push a wheelchair.
- ☐ Same Day Surgery Check-In - greeting patients, bringing patients back to the same day surgery area, assisting surgical staff with patients.
- ☐ Medical Office Building - greeting patients and visitors, giving directions, in some cases pushing a wheelchair.
- ☐ Lower Atrium - greeting patients and providing directions to patients and visitors.
- ☐ Moose Ledge Gift Shop – Help customers, use computer/cash register for sales.
- ☐ Other, I would rather have a job that helps behind the scenes.

Please note: You may be asked to assist with mailings, folding and stuffing folders with information for patients and/or clerical work while you are stationed at your assignment.

Emergency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

By signing this application, I acknowledge that the application process also includes a background investigation including a criminal history check, as well as a physical assessment which includes a drug test and blood draw which will all be completed at the hospital's expense. I understand that at any time, certain vaccines and/or protections are a requirement of the hospital and if I do not have proof of these and choose to get these vaccines and/or protections, I will be required to submit an exemption to hospital administration.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application to:

Dawn Lambert, LRH Volunteer Services  
Littleton Regional Healthcare  
600 St. Johnsbury Road  
Littleton, NH 03561  
[dlambert@lrhcares.org](mailto:dlambert@lrhcares.org)  
(603) 444-9331