

**ADULT VOLUNTEER APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#:\_\_\_\_-\_\_\_-\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

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

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Two professional references name, relationship, and phone or email: 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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