

APPLICATION FOR JUNIOR VOLUNTEER/VOLUNTEER INTERN SERVICE

Mr/Miss			
Last Name		First	
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 Volum	nteer Program?		
Are you legally eligible for employme Are you between 15 and 17 years old?		No	
Are there circumstances that might aff	fect your ability to perform job-rela	ted tasks safely? yes() no()	
If "yes" please give details			
In an emergency notify		elationship:Phone	
List two personal references (Name/A	ddress/Phone)		
(Trease complete reverse side)			
Days Available: Mon dayApproximate Hours Available	ed:Regularly Scheduled z Tuesday Wednesday e Weekly? I THE BACK OF THE PAGE. T	Thursday Friday Saturday	
(Department Use Only)			
Interview date	Starting Date	PPDCR_	



Assignment area(s)_____

Date: _____

Signature:

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.



Updated 6/2016