

**ALICE PECK DAY MEMORIAL HOSPITAL
VOLUNTEER APPLICATION**

Name _____

Phone _____ **Cell** _____

Address _____

Date of birth _____ **E-mail** _____

Current or previous employer _____

Address _____ **Phone** _____

Previous volunteer experience (name and location):

_____ **Dates** _____

_____ **Dates** _____

_____ **Dates** _____

List your interests, skills or training:

Is there any special reason why you are pursuing a volunteer position at this time?

How did you hear about Alice Peck Day Memorial Hospital?

Have you ever been convicted of a crime or *any* violation other than a minor traffic infraction? Yes _____ No _____

If Yes, please explain:

(A conviction record will not necessarily be a bar to volunteering. Factors such as time since offense, seriousness and nature of violation and rehabilitation will be taken into account.)

***Please note that we are obligated by NH statute RSA 151:2-d to conduct a criminal background check on every volunteer who will be involved in direct contact with a patient, patient records or any biological material.**

Personal References (not related to you):

Please provide two (2) personal or professional references.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please circle the days and times you will be available to volunteer.

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

AM

PM

Person to be contacted in case of an emergency:

Name _____ **Phone** _____

Address _____

If accepted to a volunteer position with Alice Peck Day Memorial Hospital, I agree to:

- **Comply with all standards, policies and values of Alice Peck Day Memorial Hospital**
- **Attend APD volunteer orientation and training.**
- **Be punctual and conscientious in the fulfillment of my duties**
- **Maintain confidentiality concerning all patients and hospital business**
- **Conduct myself with dignity, courtesy and respect for others**

In consideration for a volunteer position with Alice Peck Day Memorial Hospital, I certify that the statements made by me on this application are true and correct. I agree that Volunteer Services and any persons I have provided as references may exchange information regarding my qualifications without incurring any liability.

Applicant's Signature

Date

Return completed application to:

**Alice Peck Day Memorial Hospital
Volunteer Services Office
125 Mascoma Street
Lebanon, NH 03766**