



Alice Peck Day  
Memorial Hospital

## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date: \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

\*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  
Beth O'Donnell  
Director Community Health  
10 Alice Peck Day Drive  
Lebanon, NH 03766