



133 Fairfield Street, Saint Albans, Vermont 05478 | 802-524-5911 | 800-696-0321

## Volunteer Application

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Education/Special Training: \_\_\_\_\_  
\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Work and Other Experience: \_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of a crime** (including misdemeanor and felony convictions)?:  YES  NO

**Interests, Hobbies, and Skills (please circle):** Art, Crafts, Audiovisual, Food Service, Photography, Nursing, Public Relations, Typing, Computers, Collating, Filing, Telephone Contact, Accounting, Bookkeeping, Tours, Research, General Office Work, Retail Sales, Printing, Receptionist, Other (list below)

\_\_\_\_\_  
\_\_\_\_\_

**Please provide two references and their phone numbers.** These should be individuals you have worked with or individuals who know you personally:

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Are You Willing to Be:**

- Regularly Scheduled  On Call  Substitute Basis

**Days Available:**

- Monday  Tuesday  Wednesday  Thursday  Friday

Approximate Hours Available: \_\_\_\_\_

**Confidentiality Statement:**

I understand that information I obtain as a result of my volunteer work regarding Northwestern Medical Center, its Patients and Personnel, should remain confidential. Further, I understand that intentional or involuntary violation of confidentiality may result in corrective action, termination, and possible legal action.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that all of the information provided on this application and all other information otherwise furnished is true and correct. I understand that any omission, incomplete or incorrect information, false statement or misrepresentation will result in the immediate rejection of my application, or immediate dismissal if I am providing volunteer service. I understand that my acceptance as a volunteer is contingent upon my satisfactory completion of a PPD for the detection of tuberculosis.

I understand that if I am accepted as a Volunteer, Northwestern Medical Center shall be obligated to file a separate written request for the record of my criminal convictions or reports of abuse with the Commissioner of the Department of Aging and Disabilities and that any conditional acceptance as a volunteer is contingent upon satisfactory results of the investigation. I also understand that Northwestern Medical Center may use the services of an outside agency to complete a background check about me and I agree to sign a written release authorizing such a background check if I am conditionally accepted as a Volunteer and I am asked to do so. Information released to Northwestern Medical Center as a result of this request shall not be released or disclosed to any person without a legitimate business reason to know.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_