

New Hampshire Hospital Volunteer Services  
**Volunteer Application**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hobbies, Interests and Skills:** \_\_\_\_\_

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

**Why do you want to volunteer at NHH?** \_\_\_\_\_

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**Preferred Volunteer Service (Check all that apply):**

**Service Type:** Direct Care  Hospital Support Service  No Preference

**Preferred Population:** Children  Adults  Elderly  No Preference

**Preferred days and Times to Volunteer:**

Mornings  Afternoons  Evenings

Sun  Mon  Tue  Wed  Thu  Fri  Sat

**How did you hear about Volunteer Services at New Hampshire Hospital?**

Advertisement  Referred by Friend  Family Member

Current Employee  Current Volunteer  Other  \_\_\_\_\_

**Have ever been convicted of a crime (felony or misdemeanor) that has not been officially annulled by a court?**  Yes  No

**If yes, please explain:** \_\_\_\_\_

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**References:** Name, address, phone number

**1:** \_\_\_\_\_

**2:** \_\_\_\_\_

I certify the above information is accurate and complete to the best of my knowledge.

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