



Dear Prospective Volunteer:

Thank you for your interest in becoming a volunteer at LRGHealthcare.

This packet is the first step in your journey to become an integral part of Volunteer Services at LRGHealthcare. Please complete and send this to us at your earliest convenience. The application provides us with important information to begin the process of determining where your talents can be best utilized, taking into consideration your personal schedule. It is the goal of Volunteer Services to provide the hospital with quality volunteers and to provide you with a quality volunteer position.

Attached to the packet are two reference forms. Please have these filled out and returned with your completed application. They **must** be filled out by a non-relative, who has known you for more than a year. Please note we may call your references to ask further questions.

Our process begins with this application. After reviewing your application/references, we will invite you to come in for an interview if it appears that we have a volunteer opportunity that would match your interests and the times you are available. If we agree on an appropriate assignment then we will help you to complete the following:

- A criminal background check. Service as a volunteer will not start until this has been returned and approved.
- You will be required to fill out a medical form and submit to a two step TB process (at LRGHealthcare's expense)
- Attend a mandatory Volunteer Orientation
- Commit to six months of service

PLEASE NOTE THAT THE PROCESS TO BEGIN VOLUNTEERING TAKES APPROXIMATELY THREE-FOUR WEEKS.

We appreciate your consideration of our hospitals, to give a commitment of your time and hope this is the beginning of a rewarding and satisfying experience.

Sincerely,

Sandra (Sandy) Marshall, CAVS
Director of Volunteer & Community Services

Darcy Peary
Volunteer Coordinator

VOLUNTEER APPLICATION

PERSONAL INFORMATION			
LAST NAME		FIRST NAME & MIDDLE INITIAL	
Are you over 18 years of age? ___ Yes ___ No If No, a work permit will be required for minors age 14 - 16			
Present Street Address		City, State	Zip
Home Phone #	Cell Phone #	E-mail Address	Social Security #
Please check the boxes that apply to you:			
Current/Previous: <input type="checkbox"/> Student Volunteer <input type="checkbox"/> Work Experience Volunteer (WEP, SCSEP) <input type="checkbox"/> Court-Ordered Community Service Volunteer <input type="checkbox"/> Other _____		I am interested in: <input type="checkbox"/> Adult Volunteer (18+ years of age) <input type="checkbox"/> Junior Volunteer (14-17 years of age) <input type="checkbox"/> Service Alliance/Guild Volunteer <input type="checkbox"/> Other _____	
I was referred by:		I am interested in volunteering because:	
My hobbies / interests are:			
Student Volunteers Only – Current High School / College Information		Emergency Contact	
School attending:	College Major:	Name:	Relationship:
Grade or Year:	Is volunteer work a requirement for school credit? ___Yes ___No	Address:	City, State, Zip:
AREA OF INTEREST		Telephone:	Cell Phone:
Position or Area of Interest:		Alternate Position	
Date Available to Start Volunteering:		Facility Preference: <input type="checkbox"/> LRGH <input type="checkbox"/> FRH <input type="checkbox"/> Healthlink	
Shift Available to Volunteer: <input type="checkbox"/> Morning (8 – 12) <input type="checkbox"/> Afternoon (12 – 4) <input type="checkbox"/> Other _____			
SKILLS & CERTIFICATIONS PLEASE LIST/CHECK SKILLS YOU POSSESS			
Office Skills:			
Computer Skills:			
Other Skills:			
List Languages, other than English, which you speak, read or write:			
Language: _____ () Speak () Read () Write Language: _____ () Speak () Read () Write			
EDUCATION			
School/Institution	Name & Location	Major	Degree Received
High School			
Technical School Trade/Business College			
University or College			
Other			
Licenses/Certifications:			

GENERAL INFORMATION		
Do you have relatives employed/volunteering at LRGHealthcare? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name 1.	Relationship	Facility/Department
Name 2.	Relationship	Facility/Department
Have you been convicted of a misdemeanor/felony in the last seven (7) years? (A conviction does not necessarily bar you from volunteering) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain:		
Have you ever been listed on an exclusions list by the EPLS, OIG, BEAS or any other State or Federal agency which prohibits or limits you from working in a healthcare environment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances?		

VOLUNTEER/EMPLOYMENT HISTORY			
Please begin with present or most recent volunteer or employment experience and give a complete account for all periods of employment, including part-time, summer, voluntary and military experience. Attach additional sheets if necessary.			
Company/Employer			
Address	May we Contact? Yes No	Supervisor Name/Title	Reason for leaving
Date Started (MO/YR)	Phone:		
Date Left (MO/YR)	Duties & Responsibilities:		
Position/Title:			

EMPLOYMENT HISTORY			
Company/Employer			
Address	May we Contact? Yes No	Supervisor Name/Title	Reason for leaving
Date Started (MO/YR)	Phone:		
Date Left (MO/YR)	Duties & Responsibilities:		
Position/Title:			

I hereby authorize LRGHealthcare to conduct a complete investigation into my background including but not limited to, inquiring into my entire employment and volunteer history, education history, certifications, criminal and military record, if any; to obtain references regarding my moral character and reputation and to solicit and obtain any other information the organization deems is necessary to determine my eligibility for volunteering or for the purposes of confirming the accuracy and completeness of any information I have provided to the organization. I hereby release, indemnify, and hold harmless LRGHealthcare and any former employers/affiliates from any and all liability based on its authorized receipt, disclosure and use of the information gathered in the processing of my application.

I understand this application does not constitute an employment contract of any kind at LRGHealthcare. I understand that this application does not constitute a guarantee of volunteer service assignment of any kind at LRGHealthcare. Should I be assigned to volunteer service at LRGHealthcare, I may resign from such service at my discretion, with or without prior notice and LRGHealthcare may terminate my volunteer service at their discretion, with or without cause and with or without prior notice.

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission of information on this application may preclude an offer to volunteer, or may result in a withdrawal of an offer, or may result in my discharge from volunteer service if I am already assigned at the time the misrepresentation or omission is discovered.

Signature of Applicant: _____ Date: ____/____/____

LRGHEALTHCARE is dedicated to a policy of nondiscrimination in employment or volunteer opportunities. All decisions are made without regard to race, religion, sex, age, national origin, marital status or veteran, physical or mental disability, sexual orientation or any other status protected by law.

**LRGHealthcare
VOLUNTEER SERVICES
Volunteer Interests Form**

Name of Applicant: _____

How did you become interested in our volunteer program?

If referred, name of referral: _____

Why do you want to volunteer at LRGHealthcare?

Schedule Information

Hours and days available to volunteer (check all that would apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8 - 12							
Afternoon 12 - 4							
Evening 4 - 8							

Please give any other information you feel would be pertinent to your application:

Are there any work conditions or activities you wish to avoid?

Help us to assign you by checking off areas of interest and qualities that best describe you. (This is no time to be humble!!)

Clerical Responsibilities:

- _____ Filing
- _____ Mailings (collating/stuffing/labels)
- _____ Photocopying/Faxing
- _____ Maintain statistical records/assist with billing/bookkeeping

Computer:

- _____ Data entry
- _____ Excel
- _____ Word processing
- _____ Other: (Be specific) _____

Patient Related Responsibilities:

- | | |
|---|---|
| <input type="checkbox"/> Assist with activities | <input type="checkbox"/> Provide one to one companionship |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Provide escort services (Patients) |
| <input type="checkbox"/> Make deliveries to rooms | <input type="checkbox"/> Prepare patient charts |
| <input type="checkbox"/> Greet visitors/patients | <input type="checkbox"/> Fold linens/make beds |
| <input type="checkbox"/> Inventory/stock supplies/shelves | |
| <input type="checkbox"/> Provide courier services (run errands/specimens, etc. for staff) | |
| <input type="checkbox"/> Other: (Be specific) _____ | |

Specific Areas of Interest:

- | | |
|--|---|
| <input type="checkbox"/> Physical/Occupational Therapy | <input type="checkbox"/> Food & Nutrition |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Stock Room |
| <input type="checkbox"/> Mail Room | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Patient Accounts |

Personal Qualities/Skills:

- | | |
|---|--|
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Detailed oriented | <input type="checkbox"/> Telephone skills |
| <input type="checkbox"/> Customer service oriented | <input type="checkbox"/> Self- motivated |
| <input type="checkbox"/> Ability to work with minimal supervision | |
| <input type="checkbox"/> Speak a language other than English (Which one(s)) _____ | |
| <input type="checkbox"/> Crafts | |
| <input type="checkbox"/> Other (Be specific) _____ | |

I prefer: Quiet environment or Active environment
 Working with people or Working with paper/machines etc.

Other:

- I would like to learn how to give tours of the hospital to groups of children
 I would be willing to be called for short-term clerical assignments

Off-site Locations:

- | | |
|--|--|
| <input type="checkbox"/> LRGH | <input type="checkbox"/> FRH |
| <input type="checkbox"/> Healthlink – Downtown Laconia | <input type="checkbox"/> Hillside – Rte. 11, Gilford |

Additional Skills/Comments:

The above information is accurate and correct to the best of my knowledge.

Signature _____ Date _____

Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.



Volunteer Reference Form

*(Reference must be someone who is 21 years or older,
has known you for more than a year and is **not a relative.**)*

Applicant's Name _____

Name of Reference _____ Phone # _____

In what capacity do you know applicant? _____

How long have you known applicant? _____

Please evaluate the applicant by rating the following qualities/skills according to the scale where
1 = outstanding, 2 = satisfactory, 3 = unsatisfactory, 4 = do not know

_____ Interpersonal skills

_____ Dependability

_____ Judgment

_____ Initiative

_____ Cooperation

_____ Adaptation to new situations

_____ Takes pride in his/her work

_____ Communication skills

_____ Responsibility

_____ Honesty

Additional comments/concerns:

I recommend this applicant with _____ no _____ some _____ a lot of reservations.

Completed by: _____ Date: _____

Thank You!

**Please return to Volunteer Services, LRGHealthcare, 80 Highland Street,
Laconia, NH 03246 Fax 603-527-7102**



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- | | |
|-----------------------------------|------------------------------------|
| _____ Interpersonal skills | _____ Dependability |
| _____ Judgment | _____ Initiative |
| _____ Cooperation | _____ Adaptation to new situations |
| _____ Takes pride in his/her work | _____ Communication skills |
| _____ Responsibility | _____ Honesty |

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