

Volunteer Application Form

Name: _____

Address: _____ Phone: _____
(Please indicate P.O. Box)

City: _____ State: _____ Zip: _____

Email: _____

In case of emergency, contact person and phone:

Previous volunteer experience: _____

When you think of volunteering, what kinds of things interest you? _____

List any special talents or skills that you would be willing to share: _____

Are you interested in short term projects? _____

Do you speak a foreign language? If so, please list: _____

Please tell us the days and hours that you will be available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday AM or PM

Location: New London Newport

How did you find out about volunteering for New London Hospital?

Friend Newspaper Facebook Flyer Other _____

Please list two people who would be willing to serve as a personal reference.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Applicant Signature: _____ Date: _____

Please mail completed application to: **Volunteer Services**
New London Hospital
273 County Road
New London, NH 03257

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: ____/____/____ ORIENTATION DATE: ____/____/____

SERVICE AREA: _____ Hours available: _____

DEPARTMENT SUPERVISOR: _____