



Volunteer Application

Name: _____

Street Address: _____

City: _____ State/Province/Region: _____

Zip: _____ Country: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Name: _____

Relationship: _____ Telephone: _____

Education

High School Name and Location: _____

Dates Attended High School: _____

Do You Have a High School Degree: _____

Have You Attended College? _____

If Yes, College Name, Location: _____

Degree Obtained: _____

Have you attended another educational institution? _____

If Yes, Name, Location: _____

Please List Your Previous Volunteer Experiences. (No previous experience is required):



Employment History

Present / Last Employer: _____

From: _____ To: _____ Position Held: _____

Reason for leaving: _____

Previous Employer: _____

From: _____ To: _____ Position Held: _____

Reason for leaving: _____

Have you ever been convicted of a felony? _____

Hobbies, Skills, Special Interests:

References:

Two persons other than relatives. If student, give advisor or faculty member and one other person:

Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you doing this for course/community service requirements or an internship? _____

If Yes, how long and/or how many hours: _____



Contact person at school / community center / other: _____

Contact Telephone: _____

Volunteer Preferences

Why do you want to volunteer at Newport Hospital:

Do you have a particular area you would like to volunteer in?

What times could you volunteer:

Days: _____

Hours: _____

How did you learn about our volunteer opportunities: _____

I agree to comply with all hospital policies, including, but not limited to, protection of patient privacy and confidentiality. I affirm that all information provided on this application and accompanying material is complete and true. I understand that my acceptance into the volunteer program is contingent upon satisfactory results of my health screening, criminal history check and other information provided by me. I understand that the hospital reserves the right to terminate my service as a volunteer when, in the opinion of the director of volunteer services, such action is warranted.

Signature: _____

Date: _____