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_____ ELLIOT MEDICAL CENTER AT LONDONDERRY
_____ ELLIOT SENIOR HEALTH CENTER
_____ ELLIOT HOSPITAL

**VOLUNTEER RESOURCES DEPARTMENT
APPLICATION FOR ADULT VOLUNTEER SERVICE
(Applicants over 18 years of age)**

PLEASE PRINT OR TYPE

Name _____
 First Name Middle Initial Last Name

Address _____

_____ Street City/Town State Zip Code

E-mail: _____

Phone (Home) _____ (Work) _____ (Cell) _____

Current Employer _____ Position _____

If retired what kind of work did you do? _____

Have you ever been an Elliot Health System employee? No _____ Yes _____
If yes, when and in what role? _____

Have you ever been an Elliot Health System volunteer and/or, completed an application before?
No _____ Yes _____. If yes, when? _____

Are you a member of the Elliot Hospital Associates? No _____ Yes _____

Have you ever been convicted of or pled guilty or "no contest" to a crime that has not been
annulled by a court? No _____ Yes _____ If yes, please explain:

Have you ever been charged, indicted, or arrested for a crime which has not been
annulled by a court (excluding traffic violations)? No _____ Yes _____ If yes, please explain:

APPLICATION CONTINUES ON PAGE 2...PLEASE COMPLETE ENTIRE APPLICATION

REFERENCES -Please list TWO references, either Personal or Professional. References must have known you for at least one year. References must be over 21 years of age. Relatives may not be listed as references.

1. Name _____ Day Phone _____
Relation to applicant _____
2. Name _____ Day Phone _____
Relation to applicant _____

VOLUNTEER ASSIGNMENT INFORMATION

Present/Past Volunteer Experience: Where? What is/was your assignment?

What do/did you enjoy most about your present/past volunteer experience? _____

How did you become interested in the Elliot Hospital Volunteer Program? _____

If you were referred, Name _____

Why do you wish to volunteer at Elliot Hospital? What do you hope to gain from your experience?

AVAILABILITY (Please circle the days and times **available**)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	AM	AM	AM	AM	AM	AM
AFT	AFT	AFT	AFT	AFT	AFT	AFT
EVES	EVES	EVES	EVES	EVES	EVES	EVES

Note: It is expected that a volunteer be willing to contribute on an annual basis, a minimum 50 hours of service, and commit to at least *six months of service.

*** Exception: students in the summer**

Date you can begin _____. How long would you like your commitment to be with us.? (**MINIMUM**) 6 months _____, one year _____, or longer? _____

Check all groups with whom you are particularly interested in working with:

Adults Children Seniors Staff No Preference

Do you have a specific preference regarding what area/department you would you like to volunteer in? _____

If you are interested in volunteering in a hospital department where you can utilize and improve your office and clerical skills (**such as:** alphabetizing, copying, calculations, cashiering, entering data, assembling charts and packets of information, telephoning, filing, reception, and typing)

PLEASE CHECK THIS BOX

Please indicate which skills you are specifically interested in utilizing: _____

If you are interested in volunteering in a hospital department where you can provide services to patients, visitors and staff, **for example:** escorting families, visitors, stocking linens, relaying messages from waiting rooms, helping with errands, socializing with older adults, assisting with the distribution of supplies to user departments, medical or office supplies and delivering mail to departments.

PLEASE CHECK THIS BOX

Please indicate which skills you are specifically interested in utilizing: _____

If you are interested in providing services in a patient care setting, **such as:** readying a room for new patient admissions, escorting patients in wheelchairs, distributing fresh water and ice to patients, visiting with patients, playing cards or board games, answering call lights and relaying requests and messages to nurse, running errands for staff, greeting and directing visitors on the unit, assisting visitors in waiting areas, preparing and distributing extra nourishment and snacks as directed by nurse, making unoccupied beds, replacing bedside litterbags, tidying up the unit, assisting the staff with special projects, stocking charts and much, much more...

PLEASE CHECK THIS BOX

Please indicate which skills you are specifically interested in utilizing: _____

Please indicate other interests or departments not mentioned above _____

Are you interested in knitting or crocheting baby hats? Are you interested in joining our Sewing group? Are you interested in singing with the Volontaires? If yes, please indicate your interest here:

Any additional comments? _____

APPLICATION CONTINUES ON PAGE 4...PLEASE COMPLETE ENTIRE APPLICATION

Please read the following carefully before signing:

I certify that the statements contained on this application are true. I understand that false, misleading or materially incomplete statements on this application are grounds for immediate dismissal as a volunteer. I agree that a thorough investigation of my background may be made and I authorize other persons or organizations to provide any information they have about my background and I release all concerned from any liability in connection therewith. I understand that any offer to serve as a volunteer is contingent on my ability to satisfactorily complete a pre-placement physical examination for the volunteer position to which I have been assigned. I further understand that my volunteerism placement at the Elliot Hospital does not create an employment relationship and may be terminated at any time for any or no reason. I agree to be bound by all applicable policies, rules and regulations of Elliot Health System.

Acceptance for volunteer placement is subject to:

1. Satisfactory reference and criminal background reports.
2. Satisfactory medical history review and required testing.
3. Personal interview with the Director of Volunteer Resources, and volunteer supervisor, as required.
4. Willingness to abide by all hospital requirements and regulations.
5. The needs and requirements of Elliot Health System.

I understand that Elliot Hospital is not obligated to provide a volunteer placement, nor am I obligated to accept the position offered. To the best of my knowledge the information provided in my application is accurate, true and complete. I understand that false, misleading or materially incomplete statements on this application are grounds for immediate dismissal as a volunteer.

Signature of Applicant

Date

Volunteer opportunities are provided without regard to applicant's religion, race, national origin, gender, age, marital status, sexual orientation, or disability.

Please complete and return this form to:

Elliot Hospital
Volunteer Resources Department
One Elliot Way
Manchester, NH 03103

Contact information:

E-mail: volunteer@elliiohospital.org
Phone: (603) 663-2298
Fax: (603) 663-2759