



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 circle 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: _____