



Valley Regional Healthcare

Dear Prospective Volunteer:

Thank you for your interest in becoming a Volunteer!

This application is the first step in your journey to become an integral part of Volunteer Services. The term "volunteer" applies to any individual who performs a task, activity or service on behalf of VRH without compensation or expectation of compensation.

After reviewing your application/references, we will then help you to complete the following:

- A criminal background check. Service as a volunteer will not start until this has been returned, processed and approved. This information is confidential and **NO** financial information will be reviewed.
- Attend a mandatory Volunteer Orientation which are held monthly.
- Volunteers are required to have a Tuberculosis (TB) test, Tdap (Tetanus, Diphtheria, & Pertussis) as well as the Influenza vaccine. These are available through Priority Care and are free of charge.

PLEASE NOTE: The process to begin volunteering takes approximately three – six weeks.

Thank you for your interest in volunteering with Valley Regional Healthcare. I look forward to the possibility of welcoming you aboard as part of our team in the near future. I appreciate your consideration of giving our organization a commitment of your time. I hope this is the beginning of a rewarding, and satisfying experience for you. 😊

Warm Regards,

Angela M Esslinger

Angela M. Esslinger
Volunteer Coordinator

Adult Volunteer Application

Name: _____ Date: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

Email: _____ Date of birth: _____

I was referred by: _____

In an emergency, notify: _____ Relationship: _____ Tel#: _____

Health concerns or special needs that may impact your volunteerism: _____

Allergies: _____

Primary Care Physician: _____

Do you speak any language other than English? Yes No

If yes, what language(s): _____

My hobbies / interests are: _____

Computer skills: _____

Office skills: _____

Other skills: _____

Please list any special talents, skills and/or anything else you would like us to know:

Areas of Volunteer Interest:

How many hours a week would you like to contribute? _____

Please circle the day(s) of the week you would like to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times you are available: _____

Areas / departments that interest you: _____

Date available to start volunteering: _____

Tell us why you are interested in volunteering: _____

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What would you like to do? _____

Do you have any relatives employed / volunteering at VRH? Yes No

Name: _____ Relationship: _____ Department: _____

Name: _____ Relationship: _____ Department: _____

Prior Volunteer Experience(s):

References:

Please provide at least three non-related references that are over the age of 21 and have known you more than a year.

Name: _____ Telephone number: _____

Name: _____ Telephone number: _____

Name: _____ Telephone number: _____

Please return completed forms to: Angela M. Esslinger, Volunteer Coordinator
C/O Valley Regional Healthcare
243 Elm Street
Claremont, NH 03743
angela.esslinger@vrh.org