

Dear Prospective Volunteer:

Thank you for your interest in volunteering at Portsmouth Regional Hospital. Volunteers provide service in a variety of areas of the hospital and are an integral part of our community. The information you provide will be stored in confidence. Your completed form will be held securely and confidentially. Attached please find a Volunteer Application for your completion.

Items to consider:

- Portsmouth Regional Hospital has a policy of conducting background investigations for all volunteer applicants prior to beginning a volunteer experience.
- Minimum commitment is 3-4 hours per week for 6 months.
- Minimum age is 14 years old.
- Before starting service, all applicants will be referred to the Occupational Health Department for medical clearance (flu shot and applicable immunizations).
- All applicants will be required to attend orientation and training.
- Please complete all applicable information on the Volunteer Application.
- Falsification of information on either the Volunteer Application or the Disclosure and Release Form, may be grounds for denial of a volunteer placement.
- Portsmouth Regional Hospital is not obligated to provide a volunteer placement, nor is the applicant obligated to accept a position, if offered.
- Submit all pages of the Volunteer Application by mail to:

Portsmouth Regional Hospital, Volunteer Department
333 Borthwick Ave
Portsmouth, NH 03801

OR

Drop off your application to the front desk at the hospital

OR

Email application to: Amy.Lester@hcahealthcare.com



Volunteer Application

Contact Information

Name	
Street Address	
City, State, Zip Code	
Phone Number	
Birthdate	
E-Mail Address	

Availability

How did you find out about our volunteer program?

Reason for volunteering?

When are you available for volunteer service? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How long do you intend to volunteer? (minimum commitment of 6 months or 2 semesters)

Background

Your Occupation: _____

Your Current Employer: _____

College Graduate: YES or NO

If Student, School Attending: _____ Grade: _____

Degree Pursuing: _____

Assignment Preference (check all that interest you)

- | | |
|--|---|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Spiritual Care |
| <input type="checkbox"/> Volunteer Services Office | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Hospitality and Magazine Cart | <input type="checkbox"/> Pet Visitation |
| <input type="checkbox"/> Patient Care Units | <input type="checkbox"/> Information Desk |
| <input type="checkbox"/> Patient Visits | |
| <input type="checkbox"/> Music or Art Therapy | |
| <input type="checkbox"/> Reiki or Yoga Instructor | |

Special Skills or Qualifications

- | | |
|---|--|
| <input type="checkbox"/> Musical Instrument | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Computer Experience |
| <input type="checkbox"/> Financial Accounting | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Florist |
| <input type="checkbox"/> Team Leader | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Yoga or Fitness | <input type="checkbox"/> Chaplaincy |

Previous Work and Volunteer Experience

Emergency Contact

Name	
Phone Number	
E-Mail Address	

Two References (not related to you)

Name #1	
Phone Number	
E-Mail Address	
Name #2	
Phone Number	
E-Mail Address	

Agreement and Signature

I understand and agree that submitting this application form does not automatically register me as a Portsmouth Regional Hospital volunteer, and that placement as a volunteer is based on current needs matching my skills. I also understand that there are certain additional qualifications I must meet, including a background check, hospital orientation, health clearance (flu shot, immunizations) and the acceptance of established volunteer policies and procedures before I may begin volunteering.

Please after reading each statement and then sign and date:

I hereby apply for volunteer service with Portsmouth Regional. I voluntarily give this institution the right to check my references and verify past employment or volunteer work.

I hereby state that all information given by me in this application is true.

I understand and agree to comply with the requirements and regulations of the hospital, and to consider all privileged information concerning the hospital, its patients or staff strictly confidential. I will take all criticisms or problems to the Manager of Volunteer Services.

Name (printed)	
Signature	
Date	