



NEWPORT HOSPITAL & HEALTH SERVICES VOLUNTEER APPLICATION

PERSONAL

Name (Last, First):		Title (Dr., Mr., Mrs., Ms):	
DOB* (optional):	Home Phone:	Cell Phone:	
Address:			
City:	State:	ZIP Code:	
Email:	*Type of Volunteer: <input type="checkbox"/> Adult (18+) <input type="checkbox"/> Junior (14-17)		

EMPLOYMENT/SCHOOL INFORMATION

Employer/School:		
Employer/School address:		How long?
City:	State:	ZIP Code:
Position:		

EDUCATION

High School:
College/University/Trade:
Degree:

EMERGENCY CONTACT

Name (Last, First):	
Home Phone:	Work Phone:
Cell Phone:	Relationship:
Alternate Emergency Contact Name:	Phone:

AVAILABILITY/AREAS OF INTEREST

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- * Areas of Interest: NHHS Ambassadors (non-patient contact) River Mountain Village (Assisted Living) Long Term Care (nursing home)
- Special Events Chaplain Services Administrative
- Marketing/Advertising
- Clinic Reading Volunteer

SKILLS AND HOBBIES

- * Major Skills:
- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Art, Graphic | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Business Management | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Hair Design | <input type="checkbox"/> Journalism/Newspaper | <input type="checkbox"/> Legislative |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Motivational Training | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Other* | <input type="checkbox"/> Photography | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Secretarial | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Typing | |

- * Hobbies:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Aerobic Exercise | <input type="checkbox"/> Antiques/Collectibles | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Fishing | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Hiking | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Music | <input type="checkbox"/> Needlework | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Sailing | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Singing | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Spectator Sports | <input type="checkbox"/> Tennis | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Writing | | |

BILINGUAL? (IF YES, PLEASE LIST LANGUAGES)

PAST VOLUNTEER EXPERIENCE? (IF YES, PLEASE DESCRIBE)

REFERRED BY

- * Referred By:
- | | | |
|------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Hospital Employee | <input type="checkbox"/> Media |
| <input type="checkbox"/> Other | <input type="checkbox"/> Relative | <input type="checkbox"/> Self |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Website | |

Name(s):

REFERENCES (NOT INCLUDING RELATIVES)

Please note that both references will be called.

1. (NAME, ADDRESS, PHONE NUMBER, EMAIL)

RELATIONSHIP:

2. (NAME, ADDRESS, PHONE NUMBER, EMAIL)	RELATIONSHIP:
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ADDITIONAL INFORMATION

Please answer the questions below accordingly. If you answer "yes" to a question, a comment is required in the box below.

Please include any plea of "guilty" or "no contest" if you have been convicted of a felony or misdemeanor. A conviction will not necessarily disqualify an applicant to volunteer.

* Previously employed No Yes Explain: _____
or contractor?:

* Convicted of a No Yes Explain: _____
felony/misdemeanor?:

**PRIVACY RELEASE AUTHORIZATION FOR 18 AND OLDER
THE FOLLOWING RELEASE AUTHORIZATION IS FOR VOLUNTEERS 18 YEARS OF AGE AND OLDER.**

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal if discovered at a later date.

I understand that Newport Hospital and Health Services requires certain information both personal and professional from me to evaluate my qualifications and consider me for volunteer service. I understand that in consideration of my application, a background investigation may be conducted. I authorize and release all past and present employers, personal references and any other organizations to answer all questions asked concerning my previous employment and/or volunteer record, ability, character, educational background, military service, criminal history, sex offender registry and, if applicable, driving history.

In consideration of my application for volunteer service, I authorize Newport Hospital and Health Services and all associated entities to conduct such an investigation and release all before mentioned companies from any liability or responsibility for this investigation, which may include, but is not limited to, the performance of medical examinations, drug screening, reference verification, driving history, military service and criminal background check which may be in the files of any state or local criminal justice agency. I understand that any information requested is for the sole purpose of gathering information accurately for use in the above mentioned employment and background check.

I have read and understand the above, and by my signature, consent to these statements. I Agree

Applicant Signature _____ Printed Name: _____ Date: _____

Interviewer Signature _____ Printed Name: _____ Date: _____

Parent/Guardian Signature (if under 18 years old):
Signature: _____ Printed Name: _____ Date: _____