

**Exeter Health Resources
VOLUNTEER CANDIDATE
INFORMATION – Adult Application**

Please Return application and 2 references by mail or email to:
Annie Harris – Volunteer Services Manager
5 Alumni Drive
Exeter, NH 03833 or aharris@ehr.org

NAME:			DATE:
--------------	--	--	--------------

LAST	FIRST	M.I.
------	-------	------

EMAIL ADDRESS:

ADDRESS:

STREET	CITY	STATE	ZIP
--------	------	-------	-----

PHONE:

HOME	WORK	OTHER
------	------	-------

EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP:
--------------	----------------------

HOME PHONE:	WORK PHONE:
--------------------	--------------------

EMPLOYMENT INFORMATION

CHECK ONE	EMPLOYER NAME (OR SCHOOL)
EMPLOYED	OCCUPATION
UNEMPLOYED	
RETIRED	
STUDENT (Must be 18 or older)	WORK SCHEDULE:

EXPERIENCE

EDUCATION:

VOLUNTEER EXPERIENCE:

WORK EXPERIENCE:

ANY OTHER PERTINENT INFORMATION:

PERSONAL INFORMATION

How did you become interested in the volunteer program?

Have you volunteered for this organization before? If yes, what were your duties?

YES

NO

Have you ever applied for a position at Exeter Health Resources?

Have you ever been convicted of a crime? If yes – please explain.

REFERENCES : Forms attached, please return 2 completed references with application

AVAILABILITY

Are you able to make a minimum commitment of six consecutive months of volunteer service?

___ YES ___ NO

Please check the days/times you can volunteer

DATE YOU CAN BEGIN:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

Opportunities vary and will be discussed during the interview process. A second interview may be required with the supervisor of a particular area. Please note that, if placed as a volunteer, a full day of corporate orientation will be required. These are offered only on select Mondays and run from 8:15am until 3pm.

The above information is accurate and correct to the best of my knowledge.

Signature:

Date:

Your signature indicates your approval for us to check references. The organization is not obligated to provide placement; nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to: race, color, sex, age, national origin, religion, disability, veteran's status, or sexual orientation.

Letter of Reference –Volunteer Program

To be completed by a non-relative

(Name) _____ is applying to the Volunteer program at Exeter Hospital. To help us get to know the applicant, please complete the following information. Your evaluation will be an important factor in our selection of the applicant. All information is confidential and will not be disclosed to other parties. Please either return the letter to the applicant, or you can scan/email directly to Annie Harris, aharris@ehr.org. Thank you so much for your time.

Name: _____

Address: _____ Phone: _____

Relationship to Applicant: _____

How long have you personally known this applicant? _____

Please check the following:

General Characteristics	Excellent	Good	Fair	Poor
Dependability				
Trustworthiness				
Punctuality				
Shows Initiative				
Follows Instructions				
Accepts Constructive Criticism				
Compatibility with Peers				
Compatibility with Adults				
Accepts Responsibility				
Has a Positive Attitude				
Follows Through with Commitments				

What do you consider the applicant's special qualities of personality or character?

Any Additional Comments: (Use reverse if needed)

Signature: _____ Date: _____

Letter of Reference –Volunteer Program

To be completed by a non-relative

(Name) _____ is applying to the Volunteer program at Exeter Hospital. To help us get to know the applicant, please complete the following information. Your evaluation will be an important factor in our selection of the applicant. All information is confidential and will not be disclosed to other parties. Please either return the letter to the applicant, or you can scan/email directly to Annie Harris, aharris@ehr.org. Thank you so much for your time.

Name: _____

Address: _____ Phone: _____

Relationship to Applicant: _____

How long have you personally known this applicant? _____

Please check the following:

General Characteristics	Excellent	Good	Fair	Poor
Dependability				
Trustworthiness				
Punctuality				
Shows Initiative				
Follows Instructions				
Accepts Constructive Criticism				
Compatibility with Peers				
Compatibility with Adults				
Accepts Responsibility				
Has a Positive Attitude				
Follows Through with Commitments				

What do you consider the applicant's special qualities of personality or character?

Any Additional Comments: (Use reverse if needed)

Signature: _____ Date: _____