



Speare Memorial Hospital
16 Hospital Road
Plymouth, NH 03264
(603) 536-1120

Re: Application to the Volunteer Program

Thank you for your interest in Speare Memorial Hospital. Anyone interested in volunteering must complete and return the included Volunteer Application and the Volunteer Immunization Health Form with the required documentation to the Student and Volunteer Services Coordinator. Questions about these forms can be directed to (603) 536-1120 x585.

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, including transgender status and gender expression, veteran status, genetic information, marital status, or medical condition or disability. Receipt of the application does not imply that the applicant will be given a volunteer assignment. Once the application has been received, the applicant is scheduled for an informational interview with the Student and Volunteer Services Coordinator. If the applicant has the interest(s) and skills to meet the needs of Speare Memorial Hospital, a placement match is made pending availability. Note: to qualify for volunteering, you must satisfactorily complete interview(s) and commit to a minimum of 30 hours of volunteer service during your first year. Assuming a suitable opportunity is available, placement takes roughly 4-6 weeks and individuals should plan accordingly. If an immediate placement is not possible, the application will remain active for four months. Not all prospective volunteers can be matched. The orientation process begins once a match is made and agreed upon.

PLEASE NOTE: Minors under the age of 16 who work or volunteer in the State of New Hampshire must acquire a New Hampshire Youth Employment Certificate from the Superintendent of Schools/Guidance Department/Principal's Office in the city or town where they attend school. If the student is not from New Hampshire, the certificate should be obtained from the school district which the employer is located. Also, minors age 16 or 17 who work or volunteer in the State of New Hampshire must provide a completed and signed State of New Hampshire Proof of Permission for the Employment of Youth age 16 or 17.

Thank you for your interest in volunteering with Speare Memorial Hospital.
We look forward to the possibility of welcoming you aboard as part of our team in the near future.

Best Regards,

Janet M. Reidy
Student and Volunteer Services Coordinator
Phone: 603-536-1120 x585
jreidy@spearehospital.com

**VOLUNTEER APPLICATION**

Speare Memorial Hospital
16 Hospital Road
Plymouth, NH 03264
(603) 536-1120 x585

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Personal Information

Last Name:		First Name & Middle Initial:	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, a work permit will be required for minors age 14-15 or 16-17 require Parental Permission form)			
Local Street Address:		City:	State: Zip:
Seasonal Street Address:		City:	State: Zip:
Home Phone #: <input type="checkbox"/> Preferred	Cell Phone #: <input type="checkbox"/> Preferred	Email Address: <input type="checkbox"/> Preferred	

I was referred by: ☐ Friend ☐ Relative ☐ Current Volunteer ☐ Speare Website ☐ Other _____

Have you ever been employed or volunteered with SMH or one of its affiliates before? ☐ Yes ☐ No

If yes, give date(s) and position(s):

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, please explain: (Note - a conviction will not necessarily prevent you from volunteering at SMH or its affiliates.)

I am interested in volunteering because:

My hobbies/interests are:

Can you perform this job with or without reasonable accommodation?

Do you have any relatives employed by SMH or one of its affiliate organizations? ☐ Yes - Where? _____ ☐ No

Area of Interest

Check all that apply: ☐ Reception - greet visitors/patients, assist the public in finding departments/information
☐ Clerical/Office Work - photocopy, file, data entry, assemble packets, mail distribution
☐ Patient Services - provide one to one companionship, restock rooms, prepare charts
☐ Therapy Dog Services
☐ Events - fundraisers, health fairs, educational programs or public events
☐ Reiki - documentation of certification required - ☐ Level II ☐ Master
☐ Other - _____

Dates Available:	Shift(s) Available to Volunteer:
From: _____ To: _____	<input type="checkbox"/> Morning (9a-12p) <input type="checkbox"/> Afternoon (12p-3p) <input type="checkbox"/> Other - _____

Days Available to Volunteer: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Skills & Certifications

Office Skills:

Computer Skills:

Other Skills:

List Languages, other than English, which you speak, read or write:

Language: _____ ☐ Speak ☐ Read ☐ WriteLanguage: _____ ☐ Speak ☐ Read ☐ Write**Education**

School/Institution	Name & Location	Major	Degree Received
High School			
Technical School			
College			
Graduate School			
Other			

Licenses/Certifications:

Volunteer/Employment History

Please begin with present or most recent volunteer or employment experience and give a complete account for all periods of employment, including part-time, summer, voluntary and military experience. Attach additional sheets if necessary.

Company/Employer:	Supervisor Name/Title:
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Address:

Date Started (Mo/Yr):	Date Left (Mo/Yr):
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Position/Title:	Reason for Leaving:
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Company/Employer:	Supervisor Name/Title:
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Address:

Date Started (Mo/Yr):	Date Left (Mo/Yr):
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Position/Title:	Reason for Leaving:
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Company/Employer:	Supervisor Name/Title:
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Address:

Date Started (Mo/Yr):	Date Left (Mo/Yr):
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Position/Title:	Reason for Leaving:
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State any additional information you feel may be helpful to us in considering your application:

References

Please give us names of three individuals who we may contact to verify your qualifications for this position. References cannot be a relative and must be able to provide information about your work habits.

Reference 1

Name and Title of Reference:	Email Address:
Name and Address of Company or Organization:	Telephone Number:
Dates of Affiliation:	Your Title or Role in the Organization:

Reference 2

Name and Title of Reference:	Email Address:
Name and Address of Company or Organization:	Telephone Number:
Dates of Affiliation:	Your Title or Role in the Organization:

Reference 3

Name and Title of Reference:	Email Address:
Name and Address of Company or Organization:	Telephone Number:
Dates of Affiliation:	Your Title or Role in the Organization:

I give permission for Speare Memorial Hospital to contact these persons as references for me. I understand that my application to be a volunteer is incomplete without these references.

Name (Please Print)

Signature (Please sign or type name if completing on-line)

Date

Certification

I certify that answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Speare Memorial Hospital shall not be liable in any respect if my volunteering is terminated because of the falsity of statements, answers or omissions made by me in this application. I authorize employers, schools, companies or persons named above to give information regarding my employment or qualifications, together with any information they may have about me, whether or not it is in their records. I hereby release said employees and employers, companies, schools or persons from all liability for any damage, both legal and otherwise, from issuing this information. In addition, if accepted to volunteer I hereby agree to abide by the policies and rules of my employer that exist currently or that may subsequently be changed or developed in the future, and further realize it is my responsibility to understand such policies. Further, I understand that my volunteering may be terminated with or without cause, at any time at the option of either my employer or myself.

I understand that completing this application does not guarantee a volunteer placement at Speare Memorial Hospital. Volunteer placement is dependent on staffing needs which may vary with time. Volunteer placement is also dependent on satisfactory reference checks and the completion of required immunizations, orientation, and training. Volunteers are an important part of making our hospital a comfortable and safe place for our patients and visiting public.

Name (Please Print)

Signature (Please sign or type name if completing on-line)

Date