

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone) \_\_\_\_\_ (work) \_\_\_\_\_ Email \_\_\_\_\_

Age if under 18 \_\_\_\_\_ Contact In Case of Emergency \_\_\_\_\_ phone \_\_\_\_\_

Day(s)/hours available \_\_\_\_\_ Birth Month and Day \_\_\_\_\_

Applying for: \_\_\_\_\_

**References**

Name	Business	Contact Number

Have you ever been convicted of a felony? \_\_ yes \_\_ no      Misdemeanor? \_\_yes \_\_ no

Have you ever been convicted or had any findings substantiated against you for acts related to emotional, physical, or sexual abuse, mistreatment or neglect? \_\_\_ Yes \_\_\_ no

In being considered for a volunteer or work training experience at Southwestern Vermont Health Care, I agree that Southwestern Vermont Health Care may investigate references and agree to the exchange of information regarding my qualifications without SVHC incurring any liability.

Acceptance for Volunteer or work training experience is subject to (1) satisfactory reference reports;  
(2) Personal interview with the Volunteer Services Department and/or other department staff as required; (3) Willingness to abide by all organizational requirements and regulations.

I understand that Southwestern Vermont Health Care is not obligated to provide placement, nor am I obligated to accept the position offered. To the best of my knowledge, the information provided in my application is true and complete. I understand that any misrepresentation or omissions of facts shall be considered sufficient cause for dismissal. I understand that I agree to a free health screen, orientation to SVHC, a 3 month trial period abiding by the assigned department policies, and the total number of hours agreed upon.

I understand that I am offering my services as a volunteer at Southwestern Vermont Health Care. I also understand that I am not being hired as a paid employee by this application.

**Volunteer or Work Training Applicant Signature**

**Date**

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