



# Springfield Hospital

Where People Come First

25 Ridgewood Road  
Springfield, VT 05156-2003  
802-885-7686

## VOLUNTEER APPLICATION

Thank you for your interest in volunteering with our organization. We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, creed, color, age, sex, sexual orientation, religion, national origin, or any other legally protected status. Furthermore, we do not discriminate against qualified handicapped applicants or disabled veterans.

**PERSONAL INFORMATION:** Date Of application: \_\_\_\_\_ SSN: \_\_\_\_\_

Present Name: \_\_\_\_\_

Maiden and/or previous names: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street/PO Box City State Zip code

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Relative(s) employed by Springfield Hospital or SMCS \_\_\_\_\_

Referral Source:  Self referral  Friend (Name) \_\_\_\_\_

Newspaper article or ad (What paper?) \_\_\_\_\_  Website

Other: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
Name Phone Relationship

How did you become interested in our volunteer program: \_\_\_\_\_

Prior volunteer experience: \_\_\_\_\_

Principal areas of interest: \_\_\_\_\_

Availability: (Please circle all days & times when available:

| Mon  | Tue  | Wed  | Thu  | Fri  | Sat  |
|------|------|------|------|------|------|
| a.m. | a.m. | a.m. | a.m. | a.m. | a.m. |
| p.m. | p.m. | p.m. | p.m. | p.m. | p.m. |

**Personal References:** List the names of three people other than employers, not related to you, whom you have known for at least one year.

|    | NAME  | ADDRESS | OCCUPATION | YEARS KNOWN | PHONE NUMBER |
|----|-------|---------|------------|-------------|--------------|
| 1. | _____ | _____   | _____      | _____       | _____        |
| 2. | _____ | _____   | _____      | _____       | _____        |
| 3. | _____ | _____   | _____      | _____       | _____        |

.....  
**I understand that I am offering my services as a volunteer at Springfield Hospital. I also understand that I am not being hired as a paid employee by this application and will not be entitled to any benefits or insurance coverage such as workers' compensation as a volunteer.** Initials: \_\_\_\_\_

**I have read and understand the Ethics Guidelines for volunteers included in the Volunteer Application packet.** Initials: \_\_\_\_\_

***Furthermore, and without exception, I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel and I will not seek to obtain information from a patient.*** Initials: \_\_\_\_\_

**CERTIFICATION:**

The information contained in my application for volunteer services with Springfield Hospital (SH) is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with this application or any related documents which are deemed material by SH shall result in SH not appointing me to a volunteer position or, if already appointed, terminating my appointment. I understand and agree that all information furnished in my application and all attachments may be verified by SH or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organizations to give SH all information relative to such verification and hereby release such individuals, organizations, and SH from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by SH that it may seek to obtain an investigative report that will include personal information regarding me, including but not limited to, criminal convictions, social security verification, and education verification, in order to assist SH in making certain volunteer services decisions. I understand that any volunteer service is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either SH or myself. I understand that a condition offer may be based on results of a later medical examination. If accepted as a volunteer, I hereby agree to abide by the policies and rules of SH that exist currently or that may be changed or developed in the future, and further realize it is my responsibility to understand such policies.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_