

Volunteer Application

We are proud to provide Equal Opportunities to all qualified volunteer applicants irrespective of race, color, national origin, sex, gender identity or expression, religion, age, disability or veteran status.

Contact Information

First Name

Last Name

Middle Name

Nickname

Month and Day of Birth (MM/DD)

Local Mailing Address

Apt/Suite

City

State

Zip Code

Home Phone

Cell Phone

Email

Emergency Contact Information (2 required)

Name

Relationship

Phone

Name

Relationship

Phone

General Information

At which affiliate do you wish to volunteer?

Butler Hospital Kent Hospital Memorial Hospital VNA of Care New England Women & Infants

Why are you interested in volunteering at this affiliate?

Education

Highest Level Completed

High/Prep School or GED Business or Vocational School College/ University Graduate School

Name of School

Address

Number of Years

Highest Grade Completed

Graduated

Type of Degree

Other Formal Training: _____

Describe any other skills, experience or qualifications you have.

Volunteer and Work History

1. Organization Name: _____

Position Held: _____ Date Started: _____ Date Ended: _____

Description of Duties: _____

Reason for Leaving: _____

2. Organization Name: _____

Position Held: _____ Date Started: _____ Date Ended: _____

Description of Duties: _____

Reason for Leaving: _____

How did you learn about our volunteer program? _____

Please list all languages that you speak fluently: _____

Computer Skills: ___ Word ___ Excel ___ PowerPoint Other: _____

Other Skills: _____

Hobbies: _____

Care New England Questions

Have you ever volunteered at any Care New England Organization? ___ Yes ___ No

If yes, which affiliate? _____ Date: From _____ To _____

If yes, which affiliate? _____ Date: From _____ To _____

Have you ever been employed at any Care New England Organization? ___ Yes ___ No

If yes, which affiliate? _____ Date: From _____ To _____

If yes, which affiliate? _____ Date: From _____ To _____

List the name of any relatives/friends currently employed or volunteering at a CNE Affiliate

Name: _____ Affilliate: _____

Department: _____ Position: _____

Name: _____ Affilliate: _____

Department: _____ Position: _____

Availability

How many days per week do you wish to volunteer? 1 2 3

What time of day are you available to volunteer? Morning Afternoon Evening

What day(s) of the week are you available to volunteer? Mon Tue Wed Thu Fri Sat Sun

Are you under the age of 18? Yes No

If yes, parental authorization is required. Please complete the Parent/Guardian Consent fields below.

References: Please list 2 references who are not related to you

Name

Occupation/Relationship

Years Known

Address

Phone

Email

Name

Occupation/Relationship

Years Known

Address

Phone

Email

Volunteer Agreement

*Do you agree to the terms below? Yes No

I agree to abide by and observe all rules and regulations and confidentiality requirements as well as the minimum commitment of the CNE affiliate in which I am volunteering.

I hereby certify that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application or any supplements thereto, is cause for rejection of my application or discharge at any time during my volunteer or program commitment. I understand that as a condition I will be required to complete the organization's pre-volunteer health screening and background checks, including a criminal background check. I understand that any offer of volunteerism is contingent on my producing appropriate documentation verifying my identity. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me, whether or not such information is part of their records. I hereby release said organizations or persons from any liability or damages whatsoever for issuing this information.

Signature

Junior Volunteer Agreement Parent/Guardian Consent

I authorize my ___daughter ___son age ___ to participate in the Teen Volunteer Program at this CNE affiliate and to engage in such volunteer activities as may be assigned by the Director of Volunteer Services, or a designated representative. I give my permission to the affiliate for the administration of any minor, should it be deemed necessary. I release CNE/ the CNE affiliate from any claim or liability for any injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the affiliate, while participating in such volunteer activities.

Parent/Guardian Signature