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
Nickname
Local Mailing Address
City
Home Phone

Last Name
Month and Day of Birth (MM/DD)
State
Cell Phone

Middle Name

Apt/Suite
Zip Code
Email

Emergency Contact Information (2 required)

Name
Name

Relationship
Relationship

Phone
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: ___________________________  Affiliate: ___________________________
Department: ______________________  Position: _________________________

Name: ___________________________  Affiliate: __________________________
Department: ______________________  Position: _________________________

Name: ___________________________  Affiliate: _________________________
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

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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