

RUTLAND REGIONAL MEDICAL CENTER

VOLUNTEER APPLICATION

160 Allen Street
Rutland, Vermont 05701

PLEASE READ CAREFULLY -- WRITE CLEARLY -- ANSWER ALL QUESTIONS

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, CREED, AGE, SEX, MARITAL STATUS, ANCESTRY, PLACE OF BIRTH, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, PHYSICAL OR MENTAL IMPAIRMENT OR MEDICAL CONDITION.

(802) 747-1675 or 747-3857

LAST NAME	FIRST NAME	MIDDLE NAME	APPLICATION DATE
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CURRENT ADDRESS (NUMBER & STREET)	HOME PHONE	WORK PHONE
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CITY, STATE & ZIP	E-MAIL ADDRESS:
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HAVE YOU EVER WORKED OR VOLUNTEERED FOR RRMCM OR AN AFFILIATE OF RUTLAND REGIONAL MEDICAL CENTER? YES NO
IF SO, WHEN? _____

HAVE YOU EVER WORKED OR VOLUNTEERED AT RRMCM OR AN AFFILIATE UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE NAME _____	WHEN ARE YOU AVAILABLE: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> ON CALL
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YOU MUST HAVE REACHED YOUR 14TH BIRTHDAY TO APPLY. AS OF THE APPLICATION DATE, ARE YOU 13 YEARS OF AGE OR OLDER? YES NO IF NO, DATE YOU WILL TURN 14: ____/____/____
 ARE YOU APPLYING FOR THE TEEN PROGRAM (18 OR YOUNGER OR IN HIGH SCHOOL)? YES NO

HAVE YOU, SINCE THE AGE OF 18, EVER BEEN ONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN--GIVE DATES _____	NOTE: A CONVICTION WILL NOT NECESSARILY BAR YOU FROM A VOLUNTEER POSITION.
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HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM A JOB OR VOLUNTEER POSITION? YES NO
IF YES, EXPLAIN -- GIVE DATES: _____

NAMES	ADDRESS OF SCHOOL (CITY/STATE)	GRADUATION		DEGREE	MAJOR
		DATE	YES/NO		
HIGH SCHOOL					
JR COLLEGE/COLLEGE OR UNIVERSITY					
TECHNICAL, BUSINESS OR PROFESSIONAL SCHOOL					
GRADUATE SCHOOL					

THE FOLLOWING INFORMATION IS VOLUNTARY. YOUR APPLICATION WILL NOT BE ADVERSELY AFFECTED IF YOU DO NOT ANSWER: LIST ANY HOBBIES, INTERESTS, MEMBERSHIPS, VOLUNTEER WORK, OR OTHER EXPERIENCES YOU WOULD LIKE TO INCLUDE, WHICH MAY BE RELEVANT TO A VOLUNTEER POSITION.:

AFFIDAVIT I certify that the answers given by me to the foregoing questions and statements are true and correct. I agree that I will not claim or hold Rutland Regional Health Services in any respect if my volunteerism is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment or volunteerism, together with any information they may have regarding me whether or not it is in their records. I hereby release said employees, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand a conditional offer of a volunteer position may be based on results of a later medical examination. In addition, if accepted for the volunteer program, I hereby agree to abide by the rules and policies of Rutland Regional Health Services.

Further, I understand that any volunteer position is at will and is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer. I also understand, acknowledge and agree that my volunteer position is not subject to any RRHS/RRMC handbook, and since I am holding the position at will, I can be released from that position at any time for any reason.

SIGNED _____ DATE _____
Signature of Parent or Guardian, if applying for Teen Volunteer Program:

SIGNED _____ DATE _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER--A COPY OF THIS APPLICATION IS AVAILABLE TO YOU ON REQUEST.

EVEN IF SUBMITTING A RESUME. START WITH MOST RECENT POSITION.				
1	EMPLOYER	FROM	TO	HRS WORKED/WK _____
ADDRESS (NO. & ST)		TITLE OR POSITION		
CITY	STATE	ZIP		MAJOR DUTIES
SUPERVISOR'S NAME	TEL. #	DEPT.		
REASON FOR LEAVING:				
2	EMPLOYER	FROM	TO	HRS WORKED/WK _____
ADDRESS (NO. & ST)		TITLE OR POSITION		
CITY	STATE	ZIP		MAJOR DUTIES
SUPERVISOR'S NAME	TEL. #	DEPT.		
REASON FOR LEAVING:				
3	EMPLOYER	FROM	TO	HRS WORKED/WK _____
ADDRESS (NO. & ST)		TITLE OR POSITION		
CITY	STATE	ZIP		MAJOR DUTIES
SUPERVISOR'S NAME	TEL. #	DEPT.		
REASON FOR LEAVING:				
4	EMPLOYER	FROM	TO	HRS WORKED/WK _____
ADDRESS (NO. & ST)		TITLE OR POSITION		
CITY	STATE	ZIP		MAJOR DUTIES
SUPERVISOR'S NAME	TEL. #	DEPT.		
REASON FOR LEAVING:				

REFERENCES:

Give names of three persons we may contact to verify your qualifications for a volunteer position. Teens please list the name of your Guidance Counselor as one of your three references.

NAME: _____	TITLE AND PHONE: _____	ORGANIZATION & ADDRESS: _____
NAME: _____	TITLE AND PHONE: _____	ORGANIZATION AND ADDRESS: _____
NAME: _____	TITLE AND PHONE: _____	ORGANIZATION AND ADDRESS: _____
ARE YOU REQUIRED TO PERFORM COMPULSORY OR COMMUNITY SERVICE? _____ YES _____ NO NAME OF ORGANIZATION REQUIRING COMPULSORY OR COMMUNITY SERVICE: _____		CONTACT PERSON FOR COMPULSORY OR COMMUNITY SERVICE: NAME _____ PHONE _____ TITLE _____

HOW DID YOU FIND OUT ABOUT THE VOLUNTEER PROGRAM AT RRMCMC?

_____ *NEWSPAPER _____ A VOLUNTEER, if so, please name _____
 _____ *INTERNET
 _____ *RADIO/TV _____ An EMPLOYEE, if so, please name _____
 _____ *OTHER

*SPECIFY NAME OF PUBLICATION OR OTHER MEDIA _____

ON REQUEST, THIS FORM IS AVAILABLE IN AN ALTERNATIVE FORMAT.