



Lake Sunapee Region VNA & HOSPICE

Volunteer Application

Name: _____ DOB: _____

Address: _____

Email Address: _____

Phone: _____ Cell Phone: _____

Education Background: _____

What other organizations have you volunteered for, if any? _____

Foreign Language Ability, if any: _____

How did you learn about LSRVNA and its programs? _____

Have you ever been convicted of a crime? _____

Do you have your own transportation? _____

Are you a Veteran? Yes No

Please indicate your areas of interest:

Administrative Parent/Child Program Clinics Renaissance Shoppe Hospice

Lifeline/HomMed Good Day Respite Program Special Events Other

Hospice We Honor Veterans Program

Special Training/Interests or Skills: _____

(Continued on the back)

I am available on: (Circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	Afternoons	Evenings	Nights			

Signature

Date

Please return to: Human Resources
LSRVNA
P. O. Box 2209
New London, NH 03257-2209

Lake Sunapee Region Visiting Nurse Association and Affiliates
PO Box 2209, New London, NH 03257

Reference Request #1

Name of Reference: _____ Title of Reference: _____

Address of Reference: _____
Street City State Zip

Telephone Number of Reference: (Home) _____ (Work) _____

Name of Business You Know Reference from: _____

Dates Employed by this Reference if Applicable: _____

Type of Association with Reference: _____

I authorize _____ to release employment information about me to Lake Sunapee Region Visiting Nurse Association and affiliates. I release from all liability the company or person completing this reference request and authorize the release of all information regarding my employment or association with them.

Applicant's signature _____ Date _____

Below this Line is For Completion by the VNA

Please (X) the appropriate space.	Exceeded requirements	Met requirements	Unsatisfactory
Quantity of Work			
Quality of Work			
Attitude and Compatibility			
Attitude and Compatibility			
Cooperation with Supervisor(s)			
Responsibility and Dependability			
Attendance and Punctuality			
Reaction under Stress			
Professional Appearance			
Leadership Abilities			
General Comments:			
Has the Applicant given the correct dates of employment/acquaintance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)			
Do you know of any reason we should not hire this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)			
Evaluator's Signature: _____		Date: _____	

Lake Sunapee Region Visiting Nurse Association and Affiliates

PO Box 2209, New London, NH 03257

Reference Request #2

Name of Reference: _____ Title of Reference: _____

Address of Reference: _____
Street City State Zip

Telephone Number of Reference: (Home) _____ (Work) _____

Name of Business You Know Reference from: _____

Dates Employed by this Reference if Applicable: _____

Type of Association with Reference: _____

I authorize _____ to release employment information about me to Lake Sunapee Region Visiting Nurse Association and affiliates. I release from all liability the company or person completing this reference request and authorize the release of all information regarding my employment or association with them.

Applicant's signature _____

Date _____

Below this Line is For Completion by the VNA

Please (X) the appropriate space.	Exceeded requirements	Met requirements	Unsatisfactory
Quantity of Work			
Quality of Work			
Attitude and Compatibility			
Attitude and Compatibility			
Cooperation with Supervisor(s)			
Responsibility and Dependability			
Attendance and Punctuality			
Reaction under Stress			
Professional Appearance			
Leadership Abilities			
General Comments:			
Has the Applicant given the correct dates of employment/acquaintance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)			
Do you know of any reason we should not hire this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)			
Evaluator's Signature: _____			Date: _____

Lake Sunapee Region Visiting Nurse Association and Affiliates
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Reference Request #3

Name of Reference: _____ Title of Reference: _____

Address of Reference: _____
Street City State Zip

Telephone Number of Reference: (Home) _____ (Work) _____

Name of Business You Know Reference from: _____

Dates Employed by this Reference if Applicable: _____

Type of Association with Reference: _____

I authorize _____ to release employment information about me to Lake Sunapee Region Visiting Nurse Association and affiliates. I release from all liability the company or person completing this reference request and authorize the release of all information regarding my employment or association with them.

Applicant's signature _____

Date _____

Below this Line is For Completion by the VNA

Please (X) the appropriate space.	Exceeded requirements	Met requirements	Unsatisfactory
Quantity of Work			
Quality of Work			
Attitude and Compatibility			
Attitude and Compatibility			
Cooperation with Supervisor(s)			
Responsibility and Dependability			
Attendance and Punctuality			
Reaction under Stress			
Professional Appearance			
Leadership Abilities			
General Comments:			
Has the Applicant given the correct dates of employment/acquaintance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)			
Do you know of any reason we should not hire this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)			
Evaluator's Signature: _____		Date: _____	