

Today's Date: _____ Applicant's Email: _____

Name (First) _____ Middle Initial) _____ (Last) _____

Date of Birth _____ Social Security # _____

Street Address _____ City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Place of Employment _____

Occupation _____ Work Phone _____

Name of High School _____

Name of College _____ Current Student _____ Graduate _____ Year Graduated _____

Major _____ Other Education _____

Interests/Hobbies _____

Clubs/Organizations of which you are a member _____

How did you hear of our Volunteer Program?
 Website Church/Religious Group Community Event Other (specify) _____

Previous volunteer work (where, when) _____

Are you willing to assist in all areas? Yes No Do you have any special skills? _____

Please indicate what day(s) and time(s) you would be available:

Sunday _____ Monday _____ Tuesday _____ Wed _____

Thursday _____ Friday _____ Saturday _____

Please list three references and phone numbers:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

EMERGENCY CONTACT:

Name _____ Relationship _____ Phone _____

BELOW FOR HOSPITAL USE ONLY

Background Check _____ Date Submitted _____ Date Approved _____

Assignment _____ Supervisor _____

Onboarding Date _____ Badge Number _____ Flu Shot _____ TB Test _____

COVID Vaccine: #1: _____ #2: _____ Booster#1: _____ Booster#2: _____

MMR _____ Varicella _____

**Please return this form to: Mary Liebig, Manager of Volunteer Services, Trinity Health Of New England
114 Woodland Street, Hartford, CT 06105 / 860-714-4278 / MLiebig@trinityhealthofne.org**