



Dear Student,

Thank you for your interest in becoming a volunteer at Concord Hospital. We believe we can offer you a meaningful experience you will find personally rewarding, while contributing to your community through volunteer service. You can learn about healthcare careers, develop new skills and make new friends. You must be at least 14 years of age to apply.

NH State Law requires any volunteer under 16 years of age have 'working papers.' *If you will not yet be 16 when you aim to begin volunteering, please complete the last page of the application, titled 'Request for a NH State Youth Employment Certificate,' and take it to your School Administrative office; they will issue you a State Youth Employment certificate that you must include with your completed application.*

Opportunities to join the program are offered as space occurs in the schedule. Your interest in the volunteer program is very important to us. Please give as much information as possible on your application about your availability. If you have a period of time available that does not fall within any deadlines as shown on the next page, please e-mail or attach further information to your application, or call to discuss.

Please return the completed application to me at the address shown below or e-mail.

All volunteers, once accepted, have the option to continue volunteering through further months, or to return at a later date.

I look forward to receiving your completed application and working with you towards a successful volunteer experience. Please do not hesitate to contact me if you have any questions.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jessica Bailey', with a long, sweeping underline.

Jessica Bailey  
Volunteer Services  
Program Manager  
Concord Hospital  
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Concord, NH 03301  
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(603) 227-7000 ext. 3630

## **Application Submission**

**Session 1:** If you would like to be eligible to begin volunteering in September and will not be committed to daily Sports practice, please submit a completed application as soon as possible. Applications are processed on a first-come, first-served basis, and acceptance is as space permits through the year.

**Session 2:** If you would like to be eligible to begin volunteering in January, February or March, applications should be submitted no later than December 28<sup>th</sup>. Acceptance is as space in the schedule permits.

**Session 3:** If you would like to be eligible to begin volunteering in March/April, please submit an application no later than February 22<sup>nd</sup>.

**Session 4:** Summer Vacation Volunteer Program – Applications are accepted throughout the year, but no later than May 1<sup>st</sup>. Applications are processed on a first-come, first-served basis, and acceptance is as space permits.



## **Student Volunteer Guidelines**

Student Volunteers are active students and range from junior high through post-secondary programs. Student interests and possible volunteer assignments are discussed during your interview.

Becoming a volunteer involves meeting the minimum age requirement of 14 years, completing our application materials and participating in both interview and Hospital orientation. We request that each volunteer commit to 25+ hours of service.

There is no "after school" program during school vacation weeks, but enrolled students may elect to volunteer earlier in the day if they request a schedule change through Volunteer Services. Please note: If school is canceled due to snow, the "after school" program is also canceled.

### Student Volunteer Program Hours

After School Program: Begins Middle of September and ends beginning of June  
Monday – Thursday 3:00 p.m. – 5:00 p.m. or other times by special arrangement.

There are no weekend opportunities.

Summer Program: Starts beginning of July and ends middle of August  
Monday – Thursday – Students pick a 2 hour shift:

- 9:00 a.m. – 11:00 a.m.
- 11:00 a.m. – 1:00 p.m.
- 1:00 p.m. – 3:00 p.m.

There are no full-day or every-day opportunities.

Opportunities available to student volunteers, many age-related, include:

- Mail and other deliveries to nursing units
- Work in the Copy Center/Mail Room
- Magazine distribution to waiting areas
- Clerical support activities
- Pathfinding
- Distribution of supplies to Hospital departments
- Students 18 years of age and older have access to some direct services to patients such as Book Cart, Emergency Department, etc.

# **Student Volunteer Program**

## **Dress Code**

Thank you for your commitment to volunteer at Concord Hospital!

Please remember that you are representing the department of Volunteer Services in a professional patient-care environment.

- ❖ **Your Volunteer T-shirt and ID badge must be worn each time you come in to volunteer. These are issued on your first day or by prior arrangement.**
- ❖ **Sandals/open-toed shoes are not permitted. Sneakers are fine.**
- ❖ **No 'sport' or 'short' shorts. All shorts must be longer length, dress shorts.**
- ❖ **No facial jewelry.**
- ❖ **No torn/worn/baggy jeans. Khaki's/slacks are preferred.**
- ❖ **Tattoos must be covered.**
- ❖ **Appearance must be neat and clean.**

Please review the information above and do not hesitate to contact us if you have any questions.

*Thank you for your cooperation!*



**VOLUNTEER SERVICES DEPARTMENT  
Student Application**

NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
# Street City Zip

Date of birth \_\_\_\_\_ School & Grade \_\_\_\_\_

Cell phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Home phone # \_\_\_\_\_ Parent/Guardian Daytime # \_\_\_\_\_

Emergency contact information - name, phone #, & relationship to you:

\_\_\_\_\_

What month would you ideally like to begin volunteering at Concord Hospital?

\_\_\_\_\_

Are you available to volunteer during the day in the school year? (senior privileges/free blocks, ect.)

\_\_\_\_\_

\_\_\_\_\_

Please describe any special awards, accomplishments, special interests, and skills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you volunteering to fulfill a service requirement? \_\_\_\_\_ Hours required \_\_\_\_\_

How did you find about the student volunteer program? \_\_\_\_\_

References: Please provide the names of 3 ADULTS who have known you personally for more than one year, or who know you in an employment/ supervisory capacity. Please include a daytime phone number.

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Please explain your interest in volunteering at Concord Hospital, and what you hope to achieve from the experience:

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To the best of my knowledge, my answers are correct and complete and may be used to whatever extent necessary in connection with my application for volunteering at Concord Hospital. I understand that falsification of this information is grounds for refusal/dismissal as a volunteer.

Date \_\_\_\_\_

Signature \_\_\_\_\_



**VOLUNTEER SERVICES DEPARTMENT**

**TO THE PARENT OR GUARDIAN OF A MINOR APPLICANT**

Students under 18 years of age participating in the student volunteer program at Concord Hospital must have the consent of their parent or legal guardian. In signing this permission sheet, parents or guardians take full responsibility that the student is in satisfactory physical condition to take part in this program, and release Concord Hospital from any and all claims which might arise out of service as a volunteer or participant of the student volunteer program.

**PARENT OR GUARDIAN'S CONSENT**

I, the undersigned, have read and acknowledge the description and participation requirements of the Student volunteer program, and I consider \_\_\_\_\_ D.O.B. \_\_\_\_\_ physically able to participate in the Concord Hospital student volunteer program, and hereby grant permission for him/her to participate.

IN THE EVENT THAT I MAY NOT BE REACHED TO GRANT AUTHORIZATION FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT, I hereby give permission for the attending physician to institute emergency management, surgery and/or anesthesia for my son/daughter as seen fit according to the practices of the treating institution.

\_\_\_\_\_  
Signature Relationship Date

\_\_\_\_\_  
Witness Date

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Occasionally pictures of student activities are used in newspapers or other publications, and may include video tape recordings.

I, the undersigned, give my permission for \_\_\_\_\_ to be photographed or participate in a video tape recording to be used for publicity.

\_\_\_\_\_  
Signature Relationship Date

