Dartmouth Health

Southwestern Vermont Medical Center

# VOLUNTEER INTEREST FORM

**Name**_____ **Date**_____

**Address**_____ **City**_____

**State**_____ **Zip Code**_____

**Primary Phone**_____

**Email Address**_____

**Day(s) & Hours Available**_____

**Skills/Interests**

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**Work Experience**

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**Acceptance for Volunteering is subject to (1) personal interview with the Volunteer Services Department and/or other department staff as required; (2) Willingness to abide by all organizational requirements and regulations.**
**I understand that Southwestern Vermont Health Care is not obligated to provide placement, nor am I obligated to accept the position offered. If accepted, I understand that I agree to a free health screen, orientation to SVHC, a 3 month trial period abiding by the assigned department policies.**
**I understand that I am offering my services as a volunteer at Southwestern Vermont Health Care. I also understand that I am not being hired as a paid employee by this application.**

_____ _____

**Volunteer or Work Training Applicant Signature** **Date**

***Please return to Volunteer Services, Box 81***
***Southwestern Vermont Medical Center***
***100 Hospital Drive, Bennington, VT 05201***
***Attn: Morgan Ackert***