



Charlotte Hungerford Hospital

**VOLUNTEER
APPLICATION**

NAME _____

If you are known by a name other than the one appearing on this application, please state name here:

Address _____

Social Security # _____ - _____ - _____ Date of Birth ____/____/____ Sex _____

Home Phone (____) _____ Cell Phone (____) _____

E-Mail _____

Occupation _____ or Student Status _____

Work Experience (please provide dates):

Current Employer _____

Previous Paid Employment

Volunteer Experience:

Education or Special Training

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Hobbies, Skills, Special Interests

What type of volunteer work is of interest to you?

Day(s) preferred _____

Times preferred _____

Name of personal reference whom we may contact (please do not give a relative)

_____ Contact # _____

Is your application in connection with Community Service Restitution? Y N

Signature _____ Date _____

**Please sign and return Application along with Release Form to:
CHH Volunteer Services, 540 Litchfield Street, Torrington, CT 06790**
