



Charlotte Hungerford  
Hospital

**VOLUNTEER APPLICATION**

(Please print)

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

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What type of volunteer work is of interest to you?

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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, PO Box 988, Torrington, CT 06790

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