

## Volunteer Application Adult Program

Hospital Applying to: \_\_\_\_\_

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

*Last*

*First*

Phone: \_\_\_\_\_ / \_\_\_\_\_ Email Address: \_\_\_\_\_

*Home*

*Cell*

Address: \_\_\_\_\_

*Number and Street*

*City*

*State*

*Zip*

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_

*Name*

*Relationship*

Emergency Contact Phone Number: \_\_\_\_\_ / \_\_\_\_\_

*Home / Cell*

*Work / Other*

### Education

Highest Grade Attended: \_\_\_\_\_ Are you Currently Enrolled in School?

Yes  No

If College, What is your Major? \_\_\_\_\_

### Employment (Current)

Employer Name: \_\_\_\_\_ How Long? \_\_\_\_\_

Position & Duties: \_\_\_\_\_

### References ( 2 Non-Related)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

## Volunteer Application Adult Program

How did you learn about the Volunteer Program?

What day(s) would you be available to volunteer? (Please select time frame of day(s) desired)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Previous volunteer experience:

Have you ever been convicted of a crime?  No  Yes, if yes, when and please explain:

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

Mail to or Fax to: Sentara Northern Virginia Medical Center Auxiliary, 2300 Opitz Blvd,  
Woodbridge, VA 22191 Fax: 571.542.9900