



S E N T A R A™

*Sentara Healthcare  
Volunteer Application  
Adult Program*

**Application Date:** \_\_\_\_\_ **Date Received In Office:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Last** **First** **Phone Number:** \_\_\_\_\_ / \_\_\_\_\_  
**Home** **Cell**

**Address:** \_\_\_\_\_  
**Number and Street** **City** **State** **Zip**

**Will you be 18 years old by June 1st of this year?**  **Yes**  **No**

**E-mail Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ / \_\_\_\_\_  
**Name** **Relationship**

**Emergency**  
**Contact Phone Numbers:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**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? \_\_\_\_\_

Your position and Duties: \_\_\_\_\_

**References (2 Non-related):**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

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



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How Did You Learn About The Volunteer Program? \_\_\_\_\_  
\_\_\_\_\_

What Day(s) Would You Be Available To Volunteer? : \_\_\_\_\_

Mornings

Afternoons

Evenings

Previous Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Have You Every Been Convicted Of A Crime?  No       Yes- If Yes, When And Please Explain: \_\_\_\_\_  
\_\_\_\_\_

*I Certify That The Information Contained In This Application Is True In All Respects. I Understand That  
If Any Information Is Found To Be False, I Am Subject To Dismissal Without Notice.*

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