

**Volunteer Services  
Stafford Hospital Center  
101 Hospital Center Blvd.  
Stafford, Virginia 22554  
540-741-9043**

Name \_\_\_\_\_ ( ) Mr. ( ) Ms. ( ) Mrs. ( ) Miss  
I prefer to be called \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail address \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Emergency Contact Home Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_ Emergency Contact Cell Phone Number \_\_\_\_\_

Skills/talents I enjoy using are \_\_\_\_\_  
\_\_\_\_\_

Things I would like to learn \_\_\_\_\_

I prefer **never** to be asked to \_\_\_\_\_

Current Employer (if applicable) \_\_\_\_\_ Work Phone \_\_\_\_\_

Highest education level completed \_\_\_\_\_

Previous work experience (paid and/or volunteer) \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? ( ) Yes ( ) No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

References (please list 3 people not related to you) – Name, address/city/state/zip code, phone number and/or e-mail address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby apply for Volunteer service with Stafford Hospital Center and I understand and agree to comply with the requirements and regulations of the Hospital. I will maintain the dignity and integrity of the Hospital with the public, and honor confidential information. I agree to accept responsibility to honor the commitment of time for which I am scheduled and to provide adequate notice when I am unable to report for duty. I understand that this is a voluntary commitment that may be terminated at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Stafford Hospital  
Center**  
MEDICORP