

VOLUNTEER SERVICES
MARY WASHINGTON HOSPITAL
1001 SAM PERRY BOULEVARD
FREDERICKSBURG, VIRGINIA 22401
(540-741-1440)

NAME _____ () Mr. () Ms. () Mrs. () Miss

I LIKE TO BE CALLED _____ TELEPHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL NUMBER: _____

Social Security No.: _____ CELL PHONE NUMBER: _____

EMERGENCY CONTACT:

NAME _____ TELEPHONE _____

RELATIONSHIP _____

SKILLS/KNOWLEDGE I HAVE THAT I ENJOY USING _____

THINGS I WOULD LIKE TO LEARN _____

THINGS I HOPE I NEVER GET ASKED TO DO _____

RESOURCES I HAVE ACCESS TO THAT I MAY BE ABLE TO SHARE _____

EDUCATION _____

EMPLOYER _____ TELEPHONE _____

PREVIOUS WORK EXPERIENCE (PAID AND/OR VOLUNTEERED) _____

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, TELEPHONE

1. _____

2. _____

3. _____

I hereby apply for Volunteer service with Mary Washington Hospital 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



Mary Washington
Hospital
MEDICORP

Rev. 7/04