



**Sentara Healthcare
Volunteer Application
Adult Program**

Application Date: _____ **Date Received in Office:** _____

Name: _____
Last First

Phone Numbers: _____ / _____
Home Cell

Address: _____
Number and Street City State Zip

Email Address: _____

Emergency Contact: _____ / _____
Name Relationship

Emergency Contact Phone number: _____ / _____
Home Cell
_____ / _____
Work Other

Date of Birth: _____

Education:

Highest Grade Attended: _____ Are You Currently Enrolled in School: Yes NO

College, What Is Your Major? _____

Employment (Current):

Employer Name: _____ How long? _____

Your Positions and Duties: _____

References (2 Non-related):

Name: _____ Phone: _____

City: _____ State: _____

Name: _____ Phone: _____

City: _____ State: _____

How Did You Learn About The Volunteer Program?

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

Mornings Afternoons Evenings

Previous Volunteer Experience:

Area(s) of Interest to Volunteer:

Have you ever been convicted of, or pled guilty to a criminal offense (misdemeanor or felony)? If yes, please explain. We do criminal checks. Failure to disclose this or any other information on the application is grounds for immediate termination. A conviction does not necessarily disqualify you from volunteering.

Have You Ever 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.

Print Name: _____

Signature: _____ Date: _____