

## 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 \_\_\_\_\_

Email to: [SNVMCVolunteer@sentara.com](mailto:SNVMCVolunteer@sentara.com)

or

Mail to:

Sentara Northern Virginia Medical Center  
Volunteer Services  
2300 Opitz Blvd., Woodbridge, VA 22191