

## Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Address: \_\_\_\_\_

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

Work Experience: \_\_\_\_\_

Employer: \_\_\_\_\_  Full Time  Part Time

Have you ever been employed or volunteered at any Valley Health facility?  Yes  No

If so, list the facility and the position \_\_\_\_\_

### Days/ Time/ Frequency Available to Volunteer:

<u>Days</u>	<u>Times</u>	How often? (Circle Choice)
_____ Monday	Morning Afternoon Evening	Once a Week Several Times a Week Once a Month 2 – 3 Times a Month Several Times a Month
_____ Tuesday	Morning Afternoon Evening	
_____ Wednesday	Morning Afternoon Evening	
_____ Thursday	Morning Afternoon Evening	
_____ Friday	Morning Afternoon Evening	
_____ Saturday	Morning Afternoon Evening	
_____ Sunday	Morning Afternoon Evening	

Do you have any allergies? (Medications, Foods, Environmental) \_\_\_\_\_

If you were born after 1957, have you been immunized against Measles, Mumps, and Rubella? If so, please list the dates of these vaccinations: \_\_\_\_\_

What has motivated you to offer your services on a Volunteer basis to Shenandoah Memorial Hospital? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two references: Do not list any relatives. Former employers are acceptable.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_

By signing below, I do hereby affirm that all of the information listed above is true to best of my knowledge and I give Shenandoah Memorial Hospital the right to check on my background and release from all liability or responsibility all person, companies, or corporations supplying this information.

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

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Please call Linda Thompson, Volunteer Coordinator for SMH Auxiliary at 540-459-1496 for any questions. When you have completed the application you may turn it into the front desk at Shenandoah Memorial Hospital or mail it to Shenandoah Memorial Hospital 759 South Main Street Woodstock VA 22664