8600 Old Georgetown Road Bethesda, MD 20814

VOLUNTEER APPLICATION

Dear Volunteer Applicant,

Thank you for your interest in our Volunteer Program. More than 500 volunteers contribute more than 65,000 hours of service annually to our hospital. Still, we have many areas in need of volunteer assistance and we do hope you will decide to join our hospital family.

Our volunteers are carefully screened and asked for a specific commitment. Please review the prerequisites and Volunteer Agreement before completing the enclosed application to ensure you can meet the criteria for a Suburban Hospital Volunteer. If you have any questions, please call us at 301.896.3092.

Prerequisites

- Must be at least 14 years old;
- Sign the Volunteer Agreement;
- Attend an onsite, 2-hour screening interview, orientation, and pre-placement; and
- Attend a second interview with a department manager in your area of interest.

To complete this application:

- Please print or type all the information except your signature.
- Sign the Volunteer Agreement. A parent or guardian signature is required if you are under 18 or enrolled in high school.
- Complete all sections of the application.
- Please mail completed application and signed Volunteer Agreement to the Volunteer Services Office at the address above or fax it to 301.896.2108.

A member of the Volunteer Services staff will schedule your initial interview and orientation. Your placement will be finalized after the second interview.

Many thanks for your interest. We look forward to hearing from you soon.

Sincerely,

Pamela M. Fogan, CAVS Director, Volunteer Services

PLEASE PRINT IN BLACK INK OR TYPE

NAME Last	First MI
FIRST NAME FOR ID BADGE, if different	t from above
TITLE Mr. Mrs. Miss Ms E-M	Mail Address
STREET ADDRESS	
CITYSTA	ATE ZIP
PHONE Home ()	Work ()
School ()	Cell ()
AGE 14–18 19–29 30–39 40–49 50–	-59 60—69 70—79 80+ BIRTH DATE
PREFERRED WORK AREA (Circle) Pat	tients Public Office Undecided Specific Area
AVAILABILITY Number of days per week 1 2 3 4 5 Hours per day 4 6 8	Sunday
Start Date How long do you plan to volunteer?	Monday Tuesday
100 Hours	Tuesday Wednesday
One Year	Thursday
More than one year	Friday
Summer	Saturday
· · · · · ·	Unemployed Employed Student Dates
	Phone
Duties	
Reason for Leaving	
2. Job Title	
Company Name	
Supervisor	Phone
Duties	
Reason for Leaving	
3. Other Jobs (<i>List job titles only.</i>)	
LANGUAGES SPOKEN English Fr	French Spanish Italian Other:

SKILLS/HOBBIES (*Circle all that apply.*) Data Entry Word Processing/Typing Filing Organizing Telephone Other WHY DO YOU WANT TO VOLUNTEER? (Check all that apply.) Experience Retired Mental Health Referral School Requirement ___ Give Back to Community To Become Employed Other (*Please specify*) Career Goal **EDUCATION** Currently enrolled? Yes No Last Grade Completed: 8 9 10 11 12 College Fr So Jr Sr Name of High School Graduated: Yes No Name of College Graduated: Yes No Degree/Major(s) Other Training HOW DID YOU FIND OUT ABOUT VOLUNTEERING AT SUBURBAN HOSPITAL? Employee (Name _____) ___ Church Bulletin ___ Patient ____ Newspaper (Name ______) ____ Montgomery County Volunteer Center ____ Volunteer (Name ______) ___ Red Cross ___ Radio (Station _____) Other (*Specify*) HAVE YOU EVER VOLUNTEERED AT SUBURBAN BEFORE? Yes No Year(s) _____ Name (if different) _____ Area(s) WILL YOU PARK YOUR VEHICLE AT THE HOSPITAL? Yes No License Plate Number Vehicle #1 _____ Vehicle #2 _____ **EMERGENCY CONTACT** Name _____ Relation Home Phone () Work () **HEALTH SURVEY** Date of last TB Skin Test Reaction: Negative (no reaction) Positive (swollen, red) Check those that apply to you and elaborate, if needed. Back Problems_____ Blind Epilepsy Diabetic ____ Hearing Impaired_____ __ __ Mental Health Problems ____ Tuberculosis (TB) _____ Other (Specify) _____ I verify the information on this application is correct. Signature of Applicant FOR OFFICE USE ONLY REC_____ DVS_____ CL____ INTERVIEW _____/____