

## **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 from above \_\_\_\_\_

TITLE Mr. Mrs. Miss Ms **E-Mail Address** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **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*) Patients Public Office Undecided Specific Area \_\_\_\_\_

**AVAILABILITY**

Number of days per week 1 2 3 4 5

Hours per day 4 6 8

Start Date \_\_\_\_\_

How long do you plan to volunteer?

\_\_\_\_\_ 100 Hours

\_\_\_\_\_ One Year

\_\_\_\_\_ More than one year

\_\_\_\_\_ Summer

**DAY** **HOURS** (*Please specify earliest hour to start and latest hour to stop*)

Sunday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

**WORK EXPERIENCE** (*Paid or volunteer; list current or most recent job first.*)

**Current Status** (*Circle one*) Retired Unemployed Employed Student

**1. Job Title** \_\_\_\_\_ **Dates** \_\_\_\_\_

Company Name \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**2. Job Title** \_\_\_\_\_ **Dates** \_\_\_\_\_

Company Name \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**3. Other Jobs** (*List job titles only.*)

**LANGUAGES SPOKEN** English French Spanish Italian Other: \_\_\_\_\_

