



Mary Washington Healthcare

VOLUNTEER SERVICES

MARY WASHINGTON HOSPITAL, 1001 SAM PERRY BOULEVARD, FREDERICKSBURG, VIRGINIA 22401

Phone: 540.741.1440

Name _____ () Mr. () Ms. () Mrs. () Miss

I like to be called _____ Telephone _____

Address _____ City _____

State _____ Zip _____ E-mail Address _____

Cell Phone _____

Emergency contact:

Name _____ Phone _____

Relationship _____

Skills/knowledge i have that i enjoy using _____

Things i would like to learn _____

Things i hope i never get asked to do _____

Resources I have access to that I may be able to share _____

Education _____

Employer _____ Phone _____

Previous work experience (paid and/or volunteer) _____

Have you ever been convicted of a felony? () yes () no, if yes, please explain:

REFERENCES WITH TELEPHONE NUMBERS (please list two people who are not related)

1. _____

2. _____

I hereby apply for Volunteer service with Mary Washington Hospital and I understand and agree to comply with the requirements and regulations of the Hospital. I will maintain the dignity and integrity of the Hospital with the public, and honor confidential information. I agree to accept responsibility to honor the commitment of time for which I am scheduled and to provide adequate notice when I am unable to report for duty. I understand that this is a voluntary commitment that may be terminated at any time.

Signature _____

Date _____

I GIVE PERMISSION FOR MY ADDRESS TO BE PUBLISHED IN THE AUXILIARY DIRECTORY _____