



Mary Washington Healthcare

Stafford Hospital Volunteer Services

101 Hospital Center Blvd.
Stafford, Virginia 22554
540.741.9043

Name _____

() Mr. () Ms. () Mrs. () Miss

I prefer to be called _____

Home Phone Number _____

Address _____

Cell Phone Number _____

City _____

State _____ Zip Code _____

E-mail address _____

Social Security Number _____

Emergency Contact:

Name _____

Emergency Contact Home Phone Number _____

Relationship _____

Emergency Contact Cell Phone Number _____

Skills/talents I enjoy using are _____

Things I would like to learn _____

I prefer **never** to be asked to _____

Current Employer (if applicable) _____ Work Phone _____

Highest education level completed _____

Previous work experience (paid and/or volunteer) _____

Have you ever been convicted of a felony? () Yes () No If yes, please explain. _____

References (please list 3 people not related to you) – Name, address/city/state/zip code, phone number and/or e-mail address:

1. _____

2. _____

3. _____

I hereby apply for Volunteer service with Stafford 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 _____