

**THE WASHINGTON HOSPITAL**  
**DEPARTMENT OF VOLUNTEER SERVICES**  
**SENIOR VOLUNTEER APPLICATION**

Mr. Mrs.  
Name: Ms. Miss \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

E-Mail Address: \_\_\_\_\_ SS# \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Emergency  
Contact (Name): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Div \_\_\_\_\_ Widow/Widower

Work Status: \_\_\_\_\_ Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired \_\_\_\_\_ Student

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**I. Skills and Interest**

Education Background: \_\_\_\_\_

Hobbies, skills, interests: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

**II. Background Verification**

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Limitations Related to Health: \_\_\_\_\_

Why did you become interested in The Washington Hospital's Volunteer Program? \_\_\_\_\_

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="radio"/> Saw Advertisement            | <input type="radio"/> Self Referred        | <input type="radio"/> From Agency |
| <input type="radio"/> Referred by Friend/Volunteer | <input type="radio"/> Referred by employee | <input type="radio"/> Other       |

**III. References:**

**Medical** \_\_\_\_\_  
Family Physician Address Phone

**Personal** \_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

**The information is accurate and correct to the best of my knowledge**

Signature (written): \_\_\_\_\_ Date: \_\_\_\_\_

*Your signature indicates your approval for reference checks.*

**IV. OPTIONAL - We encourage you to voluntarily provide the following, on racial background and ethnicity.**

- Am Indian/Alaskan Native    Asian    African American    Hawaiian/Pacific Islander    Caucasian    Other  
 Hispanic/Latino    Not Hispanic/Latino

**V. *I'm available to volunteer:*** Check all the days and times that you might be available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Special area(s) of interest in volunteering: \_\_\_\_\_

**VI. *Order of Preference:*** Please list in order of preference (1, 2, 3, etc.) the area of work you might be interested in.

- |  |   |   |
|--|---|---|
| <input type="radio"/> Admissions Greeter   | <input type="radio"/> Mail Service      | <input type="radio"/> Visitor's Information |
| <input type="radio"/> Critical Care Unit   | <input type="radio"/> OB/GYN Department | <input type="radio"/> Women's Health Center |
| <input type="radio"/> Emergency Department | <input type="radio"/> Radiology         | <input type="radio"/> Clerical Volunteer    |
| <input type="radio"/> Gift Shop            | <input type="radio"/> Snack Cart        | <input type="radio"/> Surgical Services     |
| <input type="radio"/> Hospice Care         | <input type="radio"/>                   | <input type="radio"/>                       |

Check those that apply/interest you:

- |  |   |
|--|---|
| <input type="radio"/> Helping with office work, mailings | <input type="radio"/> Prefer sitting job            |
| <input type="radio"/> Work on group projects             | <input type="radio"/> Unable to walk long distances |
| <input type="radio"/>                                    | <input type="radio"/> Computer experience           |

**DO NOT WRITE BELOW THIS LINE**

APP _____	WHY _____
VER _____	INT _____
EYE _____	COM _____

Interviewed \_\_\_\_\_ Oriented \_\_\_\_\_ TB Test Done \_\_\_\_\_

Confidentiality Statement Signed: \_\_\_\_\_ Dues Paid: \_\_\_\_\_ Uniform Ordered: \_\_\_\_\_

Photo ID: \_\_\_\_\_ Immun Record Sent \_\_\_\_\_ References \_\_\_\_\_

Assigned to: \_\_\_\_\_ Tracking Form(s) Sent: \_\_\_\_\_ Date: \_\_\_\_\_

Tracking Form(s) Returned: \_\_\_\_\_ Comments: \_\_\_\_\_

Computer Data Entered: \_\_\_\_\_ Volunteer ID #: \_\_\_\_\_ Created Volunteer File: \_\_\_\_\_

Volunteer Service Hour Card: \_\_\_\_\_

