



Do you know any employee of The Washington Hospital:  
Who? \_\_\_\_\_

**Time Available to Volunteer:** (Check all that apply.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

I get home from school: \_\_\_\_\_ Are you available during the evening hours? \_\_\_\_ Yes \_\_\_\_ No  
Time

**BRING YOUR APPLICATION TO YOUR INTERVIEW.** Or Mail it to: Volunteer Services, The Washington Hospital, 155 Wilson Avenue, Washington, PA 15301

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**FOR OFFICE USE ONLY**

Req \_\_\_\_\_ App \_\_\_\_\_  
Vol \_\_\_\_\_ Ver \_\_\_\_\_  
Car \_\_\_\_\_ Ey \_\_\_\_\_  
Why \_\_\_\_\_ Int \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed: \_\_\_\_\_ Oriented: \_\_\_\_\_ Dues Paid: \_\_\_\_\_

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

Immunization Record to EH: \_\_\_\_\_ TB Test: \_\_\_\_\_ Photo ID: \_\_\_\_\_

Permission Forms Returned: \_\_\_\_\_ Health Form: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Training Form(s) Sent: \_\_\_\_\_

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

Created Volunteer File: \_\_\_\_\_