

REFERRED BY: _____

HOW DID YOU LEARN ABOUT US? _____

P.O. BOX 1701
6 GARRETT AVENUE
LA PLATA, MARYLAND 20646

Volunteer Coordinator's Office: 301-609-5001

VOLUNTEER APPLICATION

PERSONAL DATA (MUST BE 18 YEARS OR OLDER)

MR. ___ MS. ___ MRS. ___ MISS ___

NAME: _____

LAST

FIRST

MIDDLE

FIRST NAME I LIKE TO GO BY: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

TELEPHONE # _____ CELL PHONE # _____

BIRTHDAY: (Month/ Day/Year) _____ E-MAIL ADDRESS: _____

PERSON TO CONTACT IN CASE OF ILLNESS OR EMERGENCY:

PHONE # _____

CELL # _____

SKILLS THAT I MAY BE ABLE TO SHARE (i.e., Computer, Nursing): _____

HAVE YOU EVER BEEN INCARCERATED OR CONVICTED OF A CRIMINAL OR CIVIL OFFENSE
OTHER THAN A MINOR TRAFFIC VIOLATION? YES _____ NO _____

DATE _____ IF YES, PLEASE EXPLAIN: _____

ARE YOU EMPLOYED? YES _____ NO _____

IF YES, EMPLOYER / HOURS / DAYS OF WORK: _____

CAN YOU PERFORM FUNCTIONS OF A VOLUNTEER WITHOUT ACCOMMODATIONS?

YES _____ NO _____ IF NO, EXPLAIN: _____

SERVICE PREFERENCE

PLEASE CHOOSE AT LEAST 3.

RANK YOUR PREFERENCES (1ST, 2ND, 3RD)

Anywhere needed _____

Lobby Greeter/Escort _____

Patient Ambassador _____

Birthing Center _____

Information Desk _____

Physical Therapy/
Rehabilitation _____

Coffee Cart _____

Newspaper Cart _____

Emergency Dept. _____

Nutrition Services _____

Same Day Surgery _____

Gift Shop _____

Office Assistant., Wound
Center _____

DAY(S) AND TIME(S) YOU ARE AVAILABLE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning							
Afternoon							
Evening							

REFERENCES

LIST THREE (3) REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME

ADDRESS

TELEPHONE #

(1) _____

(2) _____

(3) _____

I hereby apply for Volunteer service with Charles Regional Medical Center Auxiliary 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