



RMH Volunteer Services Application

<i>For Volunteer Services Dept. Use</i> Received _____ Follow Up _____
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Name _____ I prefer to be called _____
 First Middle/Maiden Last

Local Mailing Address _____ City _____ State _____ Zip _____

Permanent Mailing Address, if different from above _____ City _____ State _____ Zip _____

Home Ph _____ Cell Ph _____ Work Ph _____

Email _____ Social Security # _____

Birthday _____ Age Category: 18-29 30-45 46-65 66-79 80+

How I learned about RMH Volunteer Services _____

Briefly explain why you are interested in volunteering at RMH _____

Education / Work History / Volunteer Experience:

Education/Training _____

Currently Enrolled/School _____ Major _____ Grad Date _____

Current Employer _____ Position _____

Normal Work hours _____ I plan to work for the next _____ weeks / months or indefinitely

Previous Employment Experience _____

Current/Previous Volunteer Experience _____

How often do you anticipate volunteering? Weekly 2-3 times per month Once a month

How long do you anticipate volunteering? short-term/less than a year several years ongoing/indefinite

Indicate your general availability below:

Days I am most often available _____ Weekends? _____ Holidays? _____

Times I am most often available: 6am-8am 8am – noon noon – 4pm 4pm-6pm after 6pm

Medical History/Concerns

Please provide any medical history or current conditions that would assist us in placing you in an appropriate service area:

Personal Physician _____ Office Ph _____

1. Emergency Contact _____ Phone(s) _____

2. Emergency Contact _____ Phone(s) _____

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Do you fluently speak a foreign language _____ If yes, please list _____

What qualities, skills, knowledge, experience and/or abilities do you feel you will bring to the RMH Volunteer Services program that will enhance the experience of those served by Rockingham Memorial Hospital?

Other information that should be considered when reviewing your application:

References – Current/Former employers are appropriate, please do not list relatives.

Name _____ Daytime Phone _____

Relationship to applicant _____ How long they have known you _____

Name _____ Daytime Phone _____

Relationship to applicant _____ How long they have known you _____

Name _____ Daytime Phone _____

Relationship to applicant _____ How long they have known you _____

Have you ever been convicted of any offense/crime other than a minor traffic violation? No Yes, please explain:

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By signing below, I affirm that the information listed on this application is true and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Please send your completed application to:
RMH Volunteer Services Department
2010 Health Campus DR Harrisonburg VA 22801
Phone 540.689.6400
Email: rmhvol@rhcc.com