



Have you been convicted of any law violations (including moving traffic violations)?  Yes  No If you answered, "yes" to the above question, please list all and explain: Use additional pages if necessary. Note that certain minor violations and other offenses will not prevent your acceptance into the Volunteer Program.

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How did you hear about this volunteer opportunity? \_\_\_\_\_

Please have two references (not related to you) complete the enclosed "Volunteer Reference" form and have them return same to the Volunteer Office at the address shown on the form.

I understand that is up to me personally to make known to the Director of Volunteer Services or any member of Henrico Doctors' Hospital staff any physical or emotional limitation, or any infectious diseases that may preclude my carrying out an assigned or requested task.

I also understand that before I am assigned to a volunteer position with Retreat Doctors' Hospital that a standard background investigation along with a criminal history check will be conducted, and I hereby give authorization for such investigation.

I hereby certify all information contained on this application for volunteerism at Retreat Doctors' Hospital is true and accurate and that if I am selected to be a Retreat Doctors' Hospital volunteer, my misrepresentation of facts on this application is sufficient cause for dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental and/or Guardian Consent (if required): \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER REFERENCE**

\_\_\_\_\_ (Volunteer's Name) has listed you as a personal reference in order to become a volunteer at Henrico Doctor's Hospital. Please complete this form and mail it to, Attention: Volunteer Director, Retreat Doctors Hospital 2621 Grove Ave, Richmond, Virginia 23220, or FAX it to 804-254-5116. Your speedy response would be very much appreciated. Thank you for your time.

Reference Name: \_\_\_\_\_

Reference Address: \_\_\_\_\_

Reference Telephone Number: \_\_\_\_\_

**Questions:**

1. How long have you known him/her? \_\_\_\_\_

2. In what capacity? \_\_\_\_\_

3. Is this person:  
Friendly? \_\_\_\_\_

Punctual? \_\_\_\_\_

Dependable? \_\_\_\_\_

4. Does this person have good communication skills? \_\_\_\_\_

5. Does this person work well with people? \_\_\_\_\_

6. Explain why you would or would not recommend this person as a hospital volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_