



# RETREAT HOSPITAL

The exclusive hospital for everyone.

*Celebrating Our 125<sup>th</sup> Year*

Andrea K. Williams  
Director of Volunteers  
2621 Grove Avenue  
Richmond, Virginia 23220  
804-254-5555

## Junior Volunteer Application

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

Address \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade entering in the Fall \_\_\_\_\_

School Attending \_\_\_\_\_

If applicable please list any  
previous Volunteer experience:

Describe your volunteer duties:

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

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

Why are you interested in volunteering at Retreat Hospital? \_\_\_\_\_

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

Please circle Day(s) preferred: Mon Tues Wed Thurs Fri Sat Sun

Please circle shift(s) preferred: 9am-1pm 1pm-5pm

\* Volunteers receive a Free Meal in the cafeteria for every 4 hour shift volunteered\*

