

Indicate times of day available: Morning Afternoon Evening

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.

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 Henrico 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 Henrico Doctors' Hospital is true and accurate and that if I am selected to be a Henrico 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 Office, Henrico Doctors' Hospital, 1602 Skipwith Road, Richmond, Virginia 23229, or FAX it to 804-289-5658. 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: _____