

FAUQUIER HEALTH

Volunteer Application (Please print)

First Name _____ Last Name _____

Street Address _____

City/State/Zip _____

Telephone – Home _____ Cell _____

E-Mail _____

Education (please circle highest level completed)

High School/GED College Graduate School Business/Technical/Vocational

School _____

Graduation year _____ Field of study _____

Work and Volunteer Experience

Most recent employer _____

Have you ever been employed by Fauquier Health? Yes No If yes, where? _____

List previous volunteer experience _____

Please tell us a little about yourself - Why do you want to volunteer at Fauquier Health? What are your interests?

Availability – Generally, you will be assigned to a 3 to 4 hour shift each week. We ask for a minimum 6 month commitment. Please indicate the days and times you would usually be available to volunteer

Criminal background checks will be performed on all volunteers over the age of 18. This information will be kept in strictest confidence. A criminal conviction will not necessarily bar you from being a volunteer. In making our decision, we will consider a variety of factors including the seriousness and nature of the offense and when the conviction occurred. Fauquier Health is a drug free/smoke free facility. A urine sample will be taken by our Employee Health nurse for testing.

I certify that information provided in this application is true in all respects without any willful omissions. I understand if information provided is false, I will be dismissed without notice regardless of when the falsification is discovered.

Signature of Volunteer Applicant

Date