
Name

Phone Number

Date of Birth

Home Address

City, State

Zip

Employed By (If Employed)

Phone Number

Address

May you be called at work? Yes No

Brief description of work: _____

Formal Education (highest year of school completed): _____

Do you speak a foreign language: Yes No If yes, which language _____

Do you drive? Yes No

Do you have regular access to a car? Yes No

Current community activities: _____

List current and previous volunteer work (list all volunteer work including brief description of duties and activities, dates of service.): _____

What are your reasons for wanting to participate as a WVU Medicine Potomac Valley Hospital Volunteer? _____

Have you had any personal experience(s) involving:

Advocacy Hospitality Other agencies offering healthcare services

If so, please explain: _____

How did you learn of our program? _____

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, what charge? _____ Date convicted: _____ Where: _____

Do you consent to a routine check of your criminal records? Yes No

Please list three reference of people you know well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name, Address, Zip Code, Phone, Relationship

1. _____
2. _____
3. _____

How long have you lived in the area? _____

WVU Medicine Potomac Valley Hospital reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

Applicant Signature

Date

Volunteer Application Form

Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience.

PLEASE RETURN YOUR COMPLETED APPLICATION

BY MAIL:

Debbie Shaw
WVU Medicine Potomac Valley Hospital
100 Pin Oak Lane
Keyser, WV 26726

OR FAX:
304-597-3703