

Northern Virginia Mental Health Institute Volunteer Services

Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Home Address: _____
(Street) (City) (State) (Zip)

Home Phone #: _____ Cell : _____

Email Address: _____ Social Security#: _____ - _____ - _____

Highest Level of Education Completed:
 College – 1 year College – 2 years College – 3 years
 College Degree Graduate Degree High School

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone (home): _____ (work): _____ (cell): _____

REFERENCES

Name: _____ Phone #: _____

Home Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

Name: _____ Phone #: _____

Home Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

AREA OF INTERST / AVAILABILITY (check all that apply)

Areas of interest:
 Activities Partner Clothing Store Aid Community Companion
 Council Member
 Other _____

Indicate your availability below:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOBBIES / SKILLS (check all that apply)

Hobbies:

- Exercise Antiques/Collectibles Camping Cooking Fishing
- Gardening Golf Hiking Hunting Music
- Needlework Reading Sewing Singing Skiing
- Tennis Travel Writing
- Other _____

Skills:

- Typing Teaching Sales Computers Data Entry
- Fundraising Advocacy Bookkeeping Arts and Crafts Fundraising
- Other _____

VOLUNTEER EXPERIENCE

Have you had any experience working with the mentally ill? Yes No

If yes, please explain:

Have you ever worked or volunteered at NVMHI before? Yes No

If yes, please explain:

List previous volunteer experiences:

ADDITIONAL QUESTIONS

How did you hear about NVMHI Volunteer opportunities?

- Friend Professor/Teacher Hospital Employee Relative
- Website Volunteer Other _____

Is your interest in volunteering at NVMHI in conjunction with a class/course or community service credit?

Yes No If yes, please explain:

What would you like to gain from your volunteer experience?

What do you consider your strength as a volunteer?

What would present the toughest challenge to you in your role as a volunteer at NVMHI?

DISCLAIMER

I certify that the information given by me in this application is true in all respects. If this information is found to be false in any way that I may be subject to dismissal, without notice. I authorize the use of any information in this application to enable the hospital to verify my statements, and I authorize all references, and any other persons to answer all questions asked by the hospital concerning my ability, character, reputation, and previous volunteer record. I release all such persons from any liability or damages on account of having furnished such information. If accepted as a volunteer, I agree to abide by all present and subsequently issued policies and rules of the Hospital and Volunteer Services. I agree to fingerprinting, background check, and drug screening. I further agree, if accepted as a volunteer, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and to notify my contact should I be absent for any reason.

Signature

Date