



**MedStar Montgomery
Medical Center**

Volunteer Services Department
18101 Prince Philip Dr.
Olney MD 20832
301-774-8629 **PHONE**

Application for Volunteer Services

PLEASE MAIL ALL APPLICATIONS TO THE ABOVE ADDRESS.

You will be contacted if an opportunity becomes available that fits your interests.

All applicants must be age 16 or older.

Name: Mr./Mrs./Ms./Miss _____

Date of Birth: _____

Email Address: _____

Address: _____

Telephone:

Home: _____ **Work:** _____ **Cell:** _____

Have you ever been employed or assigned to work at MedStar Montgomery Medical Center or any other MedStar Health facility?

Yes No

If yes, where _____ years _____

Under what name _____

Do you have any relatives employed or volunteering at MedStar Montgomery Medical Center?

Name: _____ **Department:** _____ **Relationship:** _____

Name: _____ **Department:** _____ **Relationship:** _____

Present Occupation: _____

Retired From: _____

Education: _____

Skills:

- | | |
|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Accounting/Math |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Writing and Composition |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Filing |
| <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Other _____ |

Availability (days/time):

- | | | |
|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday | <input type="checkbox"/> 8 a.m. to noon |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday | <input type="checkbox"/> 4 to 8 p.m. |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Noon to 4 p.m. |
| <input type="checkbox"/> Wednesday | | |

Accommodations:

Are there any limitations on your activities:

- No Yes (explain) _____
- _____

Volunteer Preference Area:

In what department would you like to volunteer?

First Choice: _____

Second Choice: _____

Third Choice: _____

Please give a reference (not a relative).

Name: _____

Address: _____

Telephone: _____

To complete form, click [here](#).

In case of emergency, notify:

Name: _____

Relationship: _____

Telephone: _____

Why do you want to be a hospital volunteer?

Statement of Confidentiality

I understand that I may occasionally be exposed to information of a confidential nature pertaining to patients in the course of my volunteer work. I further understand that this information is to be kept confidential, and I will not disclose such information or discuss it with anyone.

I also understand that the casual sharing of patient information in public places or settings is inappropriate.

The only exception may be taking telephone messages from patients or family members, or about patients/families, and passing such messages along to the appropriate staff member.

All offers are made conditional on the satisfaction of completion of a new volunteer health screening, drug clearance, background check, and references.

Volunteer's Signature _____ Date _____

Thank you for your interest in MedStar Montgomery Medical Center!