

Volunteer Services

Commitment of Hours & Personal Statement

Applicant Name: _____

Commitment of Hours

If accepted as a MedStar Washington Hospital Center Volunteer, I commit to volunteer at the Hospital Center for a **minimum of four (4) hours a week and/or a minimum of 100 hours.**

Personal Statement

In choosing to apply to become a MedStar Washington Hospital Center Volunteer, I am interested in donating my time and effort. I understand that in order to become a Volunteer, if I qualify, I will need to complete the application process including the Self Orientation and Assessment and all medical clearances.

I hereby certify that I have read and understood all of the statements and questions on this application and that my responses are true and complete to the best of my knowledge. I understand that misrepresentation, falsification or omission of information may disqualify me from volunteer service. I recognize that inappropriate behavior will result in immediate dismissal from the program.

Applicant Signature _____ Date _____

High School Applicant Parental/Guardian Consent

As Parent/Guardian, I have read and understood the requirements and commitments for my son/daughter to volunteer at MedStar Washington Hospital Center. I hereby grant full permission for his/her participation in the program as a High School Volunteer.

Parental/Guardian Signature _____ Date _____