

# Volunteer Application

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthday: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EDUCATION/SKILLS/ INTERESTS

**Education**     High School     Trade or Technical School     College     Post Graduate

Work Experience: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Are you required to volunteer? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Why do you want to volunteer at MedStar Harbor Hospital? \_\_\_\_\_

MedStar Harbor Hospital's purpose is "We make everyone feel special by providing exceptional service every day."

As a volunteer, how can you fulfill our purpose? \_\_\_\_\_

Special skills and hobbies:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Computer         | <input type="checkbox"/> Microsoft Word                  | <input type="checkbox"/> Microsoft Excel         |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Crafts                          | <input type="checkbox"/> Photography             |
| <input type="checkbox"/> Sewing           | <input type="checkbox"/> Calligraphy                     | <input type="checkbox"/> Writing and Composition |
| <input type="checkbox"/> Art              | <input type="checkbox"/> Typing: words per minute? _____ |  |
| <input type="checkbox"/> Other _____      |  |  |

(over)



**MedStar Harbor  
Hospital**

*Knowledge and Compassion*  
**Focused on You**

**Desired activities (please check all that apply.):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pastoral care | <input type="checkbox"/> Filing/Scanning                                   | <input type="checkbox"/> Answering phones |
| <input type="checkbox"/> Computer work | <input type="checkbox"/> Interaction with visitors                         | <input type="checkbox"/> Community events |
| <input type="checkbox"/> Paperwork     | <input type="checkbox"/> Restocking and delivering supplies to departments |   |

Other (please specify): \_\_\_\_\_

\*Information will change due to departmental needs

**Availability (indicate days you are available):**

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

**Preferred times:**

- Mornings                                       Afternoon                                       Early evenings

**Adult volunteers initial commitment:**

- Minimum of five hours per week for six months for a total of 120 hours

**Junior volunteers initial commitment:**

- During the year: Three hours per week for 10 months for a total of 120 hours
- Summer: Five hours per week for 12 weeks or a total of 60 hours

**Reference:** List one reference who is not a relative. Provide the full mailing address for your reference.

Name: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

I certify that the information contained in this application is accurate. I agree to volunteer a minimum of 120 hours through the year or 60 hours during the summer at MedStar Harbor Hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3001 S. Hanover St.  
Baltimore, MD 21225  
410-350-3200 **PHONE**

**MedStarHarbor.org**