



## Volunteer Services

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44045 Riverside Parkway, Leesburg, Virginia 20176

Telephone: 703-858-8094

Hello,

Thank you for your interest in the Junior Volunteer Program at Inova Loudoun Hospital. We are proud to have a very large and active volunteer program for students 16 and older. Volunteers play an active role in helping Inova Loudoun Hospital maintain its outstanding reputation as Loudoun County's principal health services provider, dedicated to our community since 1912.

The junior program is designed to educate and acquaint the student with the hospital environment and encourage an interest in health careers. We are looking for individuals who are responsible, dependable, caring, have the ability to follow direction, and provide high-quality service to our patients, guests, and staff. One of our main responsibilities at Inova Loudoun Hospital is to ensure we meet the highest standards of service and safety to everyone in our care. Serving as a volunteer is a privilege and carries great responsibility.

As an Inova Loudoun Hospital volunteer, your service is both needed and appreciated. Volunteers are a valuable part of the hospital's team, and by contacting us you have taken the first step toward becoming part of this important volunteer team.

Sincerely,

**Volunteer Services  
Inova Loudoun Hospital  
44045 Riverside Parkway  
Leesburg, VA 20176**

# Inova Loudoun Hospital

## Volunteer Application Process

**Please note: High School volunteers must be 16 and older to participate in this program.**

### **Step One**

- Print out, complete, and mail your application to:

Inova Loudoun Hospital  
Attention: Volunteer Services  
44045 Riverside Parkway  
Leesburg, VA 20176

- Incomplete application packets can not be considered.

### **Step Two**

- Applications will be reviewed to match candidates with current volunteer openings.
- If there is a position that matches your interest and availability we will call you to set up an interview.
- If there are no openings at the time or in the service area you indicated, we will notify you. Your application will be held on file for three months for future review.



## JUNIOR VOLUNTEER PROGRAM

### POLICIES AND PROCEDURES

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Welcome to the Junior Volunteer Program at Inova Loudoun Hospital! You are an essential part of the team that enables us to meet our goal of improving the health of our community through excellence in patient care, education, and research. Your effort and contribution are appreciated by our patients, their families, and the hospital's staff members.

You will be part of a large and active volunteer group. At Inova Loudoun we currently have about 450 volunteers in both the Leesburg and Lansdowne locations. At present, we have volunteers in 44 departments in more than 50 different positions. Junior volunteers number about 100 of the total.

If you are a first time hospital volunteer, you may be surprised at all of the requirements needed. You will see that these requirements (orientation training, health screening, background check, and references) model that of a healthcare employee. The standards in healthcare and our efforts to keep our patients and you safe, dictate a process that will soon become familiar.

**During the process, we expect the student to be the point of contact. The volunteer's maturity is a major consideration for program acceptance.**

**Because we understand the complicated schedules of students, all correspondence will be via e-mail. So please make sure that after you submit your application, you check your e-mail for updates.**

#### **AVAILABILITY AND COMMITMENT**

Applicants must be sure they can meet the required time commitment. Please consider the following before you submit your packet:

- **Availability.** Please fill out the *Availability* section on the application form with accuracy. The information is used to place you. Experience has shown us that students heavily involved in other activities and/or sports do not have the time required.

- **Commitment.** A minimum commitment of at least once a week for a 3-4 hour shift during the school year, and twice a week for a 3-4 hour shift during the summer.
- **If your commitment is not kept, a letter will be mailed to your guidance counselor.**

### **UNPLANNED ABSENSES (illness)**

Call your department to let it know when you are not able to work. If there is an answering machine, leave a message.

Do not call the volunteer office. We can not guarantee the message will be relayed in a timely manner. Your department is expecting you; you need to notify it when you have an unplanned absence.

### **PLANNED ABSENSES**

You are responsible for finding a substitute if you can not make your scheduled shift. Once placed in a department, you will receive your department's schedule with contact information for staff and a list of volunteers for substitutes.

### **UNIFORMS AND DRESS CODES**

Junior volunteers must wear an Inova Loudoun Hospital shirt, full-length khaki pants, and a hospital-issued badge worn above the waist in full view. You will need to purchase an ILH polo shirt for \$22 when you are ready to be placed in a department. Checks should be made payable to Inova Loudoun Hospital.

### **CONFIDENTIALITY**

Inova Loudoun Hospital adheres to the confidentiality requirements of HIPPA (Health Insurance Portability Protection Act). You must hold in confidence all oral and written communications about the patients. A patient's presence at the facility, his or her medical condition, diagnosis, treatment, prognosis, and all other information must be protected from disclosure. **Violation of this policy will result in immediate dismissal.**

### **SUPERVISION**

You will be supervised by, and responsible to, the charge nurse or department head of the station or department to which you are assigned. Arrive promptly for your shift and immediately report to your supervisor.

**Thank you for serving your community!**

# INOVA LOUDOUN HOSPITAL VOLUNTEER APPLICATION

Adult application 18 and Older [] High School student [] College student []

## PERSONAL INFORMATION *(please print)*

Name: \_\_\_\_\_

First

Middle Initial

Last

Nickname

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Sex:  Male  Female

## BACKGROUND

**Employment:** Are you currently employed?  Yes  No If yes —or if you have ever been employed—please provide details:

**Employer:** \_\_\_\_\_  
Company Name Position Supervisor Dates of employment

Briefly describe your responsibilities: \_\_\_\_\_

Have you volunteered for Inova before?  Yes  No What facility \_\_\_\_\_ Year(s) \_\_\_\_\_ Position \_\_\_\_\_

**Education:** Please provide information on only your highest level of education.

**School/University:** \_\_\_\_\_ **Degree obtained:** \_\_\_\_\_

Are you currently enrolled in higher education? \_\_\_\_\_ If yes, expected graduation date \_\_\_\_\_

College name: \_\_\_\_\_ Major: \_\_\_\_\_

If you are a high school student, are you enrolled in the Monroe Technology Program? Circle: Yes or No

**History:** For security purposes, we conduct a background check on all volunteers. Conviction of a crime will not necessarily bar you from our program.

Have you been convicted of or have you plead guilty to any crime or municipal ordinance violation including misdemeanors or traffic violations other than a parking ticket (including military service)? Circle: Yes or No

Have you ever been ordered by a court to perform community service? Circle: Yes or No

If "yes" to either question, please explain: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

First

Last

Tel #s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Inova STANDARDS OF BEHAVIOR**

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**φ Professionalism – Confidentiality & Privacy – Sense of Ownership – Accountability – Commitment to Each Other – Safety Communication – Stewardship – Caring Relationships**

Our Standards of Behavior are the foundation of our service excellence culture. It is expected that all volunteers will live these standards. By following them we will bring our mission, beliefs, and commitments to life and accelerate our vision to be the best healthcare system in the world.

φ Inova facilities are tobacco-free environments. Will you be able to comply with this policy? Circle: Yes or No

**WORK ENVIRONMENT**

φ Some volunteer positions require physical and sensory demands including extensive walking or standing, pushing wheelchairs, lifting and/or carrying moderately heavy items, hearing phone requests, and being patient, polite, and calm under stressful circumstances. Do you have any limitations that would affect your ability to perform these essential volunteer functions or have preferences for your own safety to avoid certain tasks? If yes, please indicate the type of work you feel is unsuitable for you:

\_\_\_\_\_

**SIGNATURE**

Please sign on the line below. Entering your name on the signature line confirms that the above information is truthful and provided freely. For junior applicants, parental signature is also required.

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

Signature of parent (if under 18 years) \_\_\_\_\_ Date \_\_\_\_\_

What prompted your interest in volunteering at Inova Loudoun Hospital?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What special qualities would you bring as a volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your interest in volunteering for Inova Health System**



## **Commitment and Confidentiality Agreement**

\_\_\_\_\_ I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, medical staff, and not seek to obtain confidential information from a patient.

\_\_\_\_\_ I will donate my time to the hospital without contemplation of compensation or future employment and give with humanitarian and charitable reasons.

\_\_\_\_\_ I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I authorize person (s) making tests of x-ray films to report the results to the Inova Loudoun Hospital Employee Health Department.

\_\_\_\_\_ I commit to a minimum of one three hour shift every week. (Minimum of 75 hours for adults; 40 hours for high school students.)

\_\_\_\_\_ I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.

\_\_\_\_\_ I shall attempt to resolve any problems related with my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problems with the Manager of Volunteer Services.

\_\_\_\_\_ I shall make my best effort to fulfill my commitment to Inova Loudoun Hospital by completing all assignments that I accept.

\_\_\_\_\_ I shall at all times uphold the mission and standards of Inova Loudoun Hospital.

\_\_\_\_\_ I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of: a) failure to comply with Inova Loudoun Hospital's policies, rules and regulations; b) absences without notification; c) unsatisfactory attitude, work or appearance; or d) any other circumstances which, in the judgment of the area supervisor or Volunteer Manager would make my continued services as a volunteer contrary to the best interests of Inova Loudoun Hospital.

\_\_\_\_\_ I understand that Inova Loudoun Hospital assumes no responsibility for any contact, visits or services provided by me outside of the responsibilities assigned through the volunteer program of Inova Loudoun Hospital.

\_\_\_\_\_ I acknowledge that our volunteer service department is unable to accept court-ordered community-service volunteers. For community service hours, another community agency can fulfill that requirement.

### **Certification of Accuracy and Completeness:**

I certify that all of the information provided in this application is true and complete to the best of my knowledge. I acknowledge that I may be required to verify information prior to assignment and that any omitted, false or misleading information may disqualify me from volunteer consideration and may be grounds for dismissal.

### **Confidentiality:**

I understand that Inova Loudoun Hospital volunteers may have access to confidential patient information in the course of their duties. I promise to maintain the confidentiality of patient information and understand that unauthorized access to such information or release of such information will result in discipline that can include termination.

**I have read & initialed each of the above conditions and I agree to be bound by them.**

Name (please print) \_\_\_\_\_

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



800.999.9861  
713.861.5959  
info@precheck.com  
www.PreCheck.com

**INOVA – ALL ACCOUNTS  
VOLUNTEER DISCLOSURE & AUTHORIZATION**

FULL NAME \_\_\_\_\_  
Any Other Names Used \_\_\_\_\_  
Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License State \_\_\_\_\_ No. \_\_\_\_\_  
Address: \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No   
Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

	City	State	Dates	From:	To:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

INOVA Health System (“the Company”) may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, privileges or appointment to the extent permitted by law.

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE LAW NOTICES

**Minnesota or Oklahoma** applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. \_\_\_\_\_

**California** applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. \_\_\_\_\_

**California** applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. \_\_\_\_\_

**New York** applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. \_\_\_\_\_

**Maine** applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Massachusetts** applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

**Washington State** applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

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

# Inova Loudoun Hospital

## Volunteer Health Assessment

Please answer all questions as accurately as possible.

Name \_\_\_\_\_

Home Phone# \_\_\_\_\_

Address \_\_\_\_\_

Country of Origin \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone # \_\_\_\_\_

Personal Physician \_\_\_\_\_

Phone# \_\_\_\_\_

### Past History

Check **Yes (Y)** if you have, or ever had or **No (N)** if it does not apply

<input type="checkbox"/> Y	<input type="checkbox"/> N	Red Measles		<input type="checkbox"/> Y	<input type="checkbox"/> N	Heart Problem
<input type="checkbox"/> Y	<input type="checkbox"/> N	Mumps		<input type="checkbox"/> Y	<input type="checkbox"/> N	High or Low Blood Pressure
<input type="checkbox"/> Y	<input type="checkbox"/> N	German Measles		<input type="checkbox"/> Y	<input type="checkbox"/> N	Positive Reaction to TB Test
<input type="checkbox"/> Y	<input type="checkbox"/> N	Epilepsy or Seizures		<input type="checkbox"/> Y	<input type="checkbox"/> N	Tuberculosis
<input type="checkbox"/> Y	<input type="checkbox"/> N	Dizziness or Fainting Spells		<input type="checkbox"/> Y	<input type="checkbox"/> N	Chronic Cough
<input type="checkbox"/> Y	<input type="checkbox"/> N	Bleeding Tendency		<input type="checkbox"/> Y	<input type="checkbox"/> N	Shortness of Breath
<input type="checkbox"/> Y	<input type="checkbox"/> N	Asthma		<input type="checkbox"/> Y	<input type="checkbox"/> N	Diabetes
<input type="checkbox"/> Y	<input type="checkbox"/> N	Hepatitis A, B, or C (Please circle)		<input type="checkbox"/> Y	<input type="checkbox"/> N	<b>HAVE YOU EVER HAD CHICKEN POX?</b>

If your answer was "Yes" to any question, please explain fully:

\_\_\_\_\_

**Allergies/Reactions**

\_\_\_\_\_

**Females Only: Are you pregnant?** \_\_\_\_\_

**Medications** (Please List)

\_\_\_\_\_

\_\_\_\_\_

Do you have any condition or take any medication that affects your immune system or response to immunization/PPD testing? (ex. Steroids, chemotherapy, AIDS, leukemia)

(Y)  (N)

If your answer was "Yes", please explain fully:

\_\_\_\_\_

\_\_\_\_\_

**I understand that if I am ever exposed to measles, mumps, or German measles that I must report this immediately to the Director of Volunteers and Employee Health, and that if I am not immune I may have to stay home from work for a specified amount of time.**

**I understand that this information is confidential and will be disclosed only to authorized Administrative personnel.**

Signature of Volunteer: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)



## Health Requirements

### Health Assessment:

- New volunteers must complete the health assessment form. The hospital's Employee Health nurse will review the form and provide clearance.

### TST (Tuberculosis Skin Test):

- The Employee Health nurse does the TB testing for all applicants. No need to visit your own doctor.
- New volunteers need **two** tests unless they can provide a record of a negative PPD done within the last 12 months, then they need only one.
- If the TST result is positive, a questionnaire must be completed, chest x-ray taken, and applicant referred to Loudoun's Health Department or the family physician.
- For those who have had a positive TST in the past, they must complete a questionnaire and have a chest x-ray unless they can provide a copy of a report of a negative x-ray done within the past two years.
- Even if you completed TB testing with another provider, you still need to see our nurse for the health assessment. If you have had a TB test done within the last 12 months, bring a copy of the results for her to review.

### Measles, Mumps and Rubella:

- Volunteers must sign the statement on the Health Assessment form that they will notify the volunteer director and Employee Health nurse if they come into contact with any of these diseases. Any follow-up is directed by Employee Health nurse.

### Chickenpox (for high school students only)

- Documentation of immunity by varicella titer is required for all volunteers who do not present with a history of chickenpox.

Volunteers are not permitted to perform activities or be in situations in which they could be exposed to blood or body fluids. This includes not handling sharps, specimens, touching equipment or patients, or any medical waste. No volunteer will be assigned to tasks involving the transport of specimens.





VOLUNTEER SERVICES  
JUNIOR VOLUNTEER PROGRAM

Teacher/Counselor Recommendation

School Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Name and Grade Level: \_\_\_\_\_

Inova Loudoun Hospital Volunteer Services is seeking volunteers for our Junior Volunteer program. We are looking for individuals who are responsible, dependable, caring, and have the ability to follow directions and provide high-quality service to our patients, guests, and staff.

The Junior Program is designed to educate and acquaint the student with the hospital environment and encourage an interest in health careers.

We ask that you carefully consider the criteria when evaluating your student for this program. Thank you for taking the time to complete this recommendation. Please return via mail or fax.

**Please check the words below that describe your student:**

- |   |  |
|---|--|
| <input type="checkbox"/> Enthusiastic           | <input type="checkbox"/> Shy                           |
| <input type="checkbox"/> Interested in Learning | <input type="checkbox"/> Overbearing                   |
| <input type="checkbox"/> Poised                 | <input type="checkbox"/> Communicative                 |
| <input type="checkbox"/> Calm                   | <input type="checkbox"/> Non-verbal                    |
| <input type="checkbox"/> Excitable              | <input type="checkbox"/> Well-groomed                  |
| <input type="checkbox"/> Withdrawn              | <input type="checkbox"/> Pleasant                      |
| <input type="checkbox"/> Indifferent            | <input type="checkbox"/> Readily Grasps New Situations |

**Please circle the appropriate rating:**

School Attendance	Excellent	Good	Average	Fair	Poor
Punctuality	Excellent	Good	Average	Fair	Poor
Conduct	Excellent	Good	Average	Fair	Poor
Dependability	Excellent	Good	Average	Fair	Poor
Follows Directions	Excellent	Good	Average	Fair	Poor
Accepts Responsibility	Excellent	Good	Average	Fair	Poor
Takes Initiative	Excellent	Good	Average	Fair	Poor

**This student works well with:** \_\_\_\_\_ minimum supervision \_\_\_\_\_ extra supervision

**Do you recommend this student as an applicant for the Inova Loudoun Hospital Junior Volunteer Program?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Comments:**

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**Name:**

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**Title**

**Phone #**

**e-mail address**

**Signature:**

**Date:**

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If you have any questions, please contact:

Volunteer Services  
Inova Loudoun Hospital  
44045 Riverside Parkway  
Leesburg, VA 20176  
703-858-8094  
Fax: 703-858-6368



JUNIOR VOLUNTEER PROGRAM PERMISSION FORM/STUDENT CONTRACT

I, \_\_\_\_\_ (please print) give permission for  
Parent/Guardian Name

\_\_\_\_\_ (please print) to volunteer at Loudoun Hospital  
Junior Volunteer Name

As a high school volunteer, I agree to the following:

- I will be the point of contact during the volunteer process.
- I will fulfill my 40 hour commitment within a six month period. I understand that if I do not fulfill my commitment, my guidance counselor will be notified in writing.
- I understand that I will have the health screening and Tuberculosis Skin Test (TST or PPD) completed by the Inova health nurse.
  - I will bring a copy of the most recent vaccine record to the health screening. (This record must include proof of two varicella/chicken pox vaccinations.)
- I will attend a scheduled orientation session before beginning my assignment.
- I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I will call the designated person if I am unable to be present at my assigned time and department.
- I will conduct myself with dignity, courtesy, and consideration at all times.
- I will take any problems, concerns, or suggestions to the manager of Volunteer Services.
- I agree to abide by the policies and procedures of the volunteer program.

This is to be completed and signed by the student and the parent or legal guardian of the junior volunteer.

\_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date

\_\_\_\_\_ Signature of Junior Volunteer \_\_\_\_\_ Date

NAME (please print) \_\_\_\_\_

### VOLUNTEER AVAILABILITY

Make sure the information you provide is accurate as it will be used to find your assignment.

Have you ever worked or volunteered in health care? Circle: Yes or No

If yes, what was your position? \_\_\_\_\_

What was the name and location of the facility? \_\_\_\_\_

I am available to volunteer on these days: (circle) M T W TH F Sa Sun  
(Give as many options as you can for scheduling purposes)

How many days a week do you want to volunteer? \_\_\_\_\_

Desired shifts: \_\_\_\_\_ 9am-12; \_\_\_\_\_ 12pm-3:00; \_\_\_\_\_ 3pm-6; \_\_\_\_\_ 6pm-9:00

What areas of the hospital interest you?

Clinical support/patient interaction: \_\_\_\_\_

Office work/behind-the-scenes projects: \_\_\_\_\_

Location where you want to volunteer:

\_\_\_\_\_ Lansdowne (44045 Riverside Parkway, Leesburg)

\_\_\_\_\_ Cornwall (224 Cornwall Street NW, Leesburg)

Will you be away for more than two weeks within the next three months?

Please circle: Yes or No

If so, what dates: \_\_\_\_\_

Will you have a major change in your life in the next three months? (i.e., moving, starting school, or a new job) Circle: Yes or No

Date I can start: \_\_\_\_\_