

Volunteer Application

Previous Volunteer Experience

<i>Organization</i>	<i>Activity</i>	<i>Date</i>

Availability

Preferred Times: **(3 hour shifts starting at 9am, 12pm, 3pm & 6pm)**

Preferred Days: *(Monday thru Sunday)*: _____

Is it necessary to limit your physical activity in any way? _____ If **yes**, please explain.

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____
Street AddressCityStateZip

Home Phone No.: (____) _____ Business Phone No.: (____) _____

Carilion Clinic Childrens Hospital requires that you complete their volunteer orientation and have a TB test and criminal background check. Are you willing to complete these requirements? Yes _____ No _____

Signature: _____

FOR OFFICE USE ONLY

_____ **INTERVIEW**

_____ **TOUR**

_____ **REFERENCES**

_____ **TRAINING (Scheduled)**