



Virginia Association of Healthcare Auxiliaries and Volunteers
Capital • Hampton Roads • Northern • Piedmont • Southwestern

SAMPLE APPLICATION FOR VOLUNTEER SERVICE

Name: Mr./Mrs./Ms., _____ (Picture)
(Last) (First) (Middle)

Home Address: _____
(Street)

(City) (State) (Zip)

Telephone Number: _____ Name of Spouse: _____ +++++++
(If applicable)

Date of Birth: _____ General Health: _____

Children & Ages: _____ Mode of Transportation: _____

Employment Experience: _____

+
Education Completed: _____ +

Prior Volunteer Experience: _____

Skills, Special Interest and/or Fluency in a Foreign Language: _____

Services(s) Preferred: _____ Days and Hours: _____

Participation in Other Community Organizations: _____

Contact in Event of Emergency: _____ +++++
(Name)

(Relationship) (Telephone No.)

Referred By: _____

Date: _____

Interviewed By: _____ Date: _____