

RMH Volunteer Services Application

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For Volunteer Services Dept. Use	
Received	
Follow Up	

Name			Name I prefe	er to be called	
First	Middle/Maiden	Last	•		
Local Mailing Address		City		State	Zip
Permanent Mailing Address	ess, if different	City		_ State	Zip
Home Ph	Cell Ph		Work F	Ph	
Email	Social Security #				
Birthday	Age Category: 18-2	9 30-45	46-65	66-79	80+
How I learned about RMI	H Volunteer Services				
Briefly explain why you a	are interested in volunte	eering at RMH _			
Education / Work History Education/Training					
Currently Enrolled/School	ol		Major	Grad	I Date
Current Employer	Position				
Normal Work hours					
Previous Employment Ex	xperience				
Current/Previous Volunt	eer Experience				
How often do you anticip	pate volunteering?	Veekly 2-3	times per month	Once a mor	nth
How long do you anticip	ate volunteering? sh	ort-term/less th	an a year 🔲 sever	al years o	ngoing/indefinite
Indicate your general ava	ailability below:				
Days I am most often ava	ailable	V	Veekends?	Holidays? _	
Times I am most often av	vailable: 🗌 6am-8am	□8am – noon	□noon – 4pm	☐4pm-6pm	☐after 6pm
Medical History/Concern Please provide any medi service area:			•		
Personal Physician					
1. Emergency Contact			Phone(s)		
2. Emergency Contact			Phone(s)		

Applicant Name	RMHVS Application/page 2	
Do you fluently speak a foreign language	If yes, please list	
	r abilities do you feel you will bring to the RMH Volunteer of those served by Rockingham Memorial Hospital?	
Other information that should be considered when	reviewing your application:	
References – Current/Former employers are approp	priate, please do not list relatives.	
Name	Daytime Phone	
Relationship to applicant	How long they have known you	
Name	Daytime Phone	
Relationship to applicant	How long they have known you	
Name	Daytime Phone	
Relationship to applicant	How long they have known you	
Have you ever been convicted of any offense/crime explain:	other than a minor traffic violation? ☐No ☐Yes, please	
* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	
Applicant's Signature	Date	

Please send your completed application to:

RMH Volunteer Services Department 2010 Health Campus DR Harrisonburg VA 22801 Phone: 540.689.6400

Fax: 540.689.6401 Email: rmh_rmhvol@sentara.com