



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

8600 Georgetown Road
Bethesda, MD 20814

VOLUNTEER APPLICATION

Dear Volunteer Applicant,

Thank you for your interest in our Volunteer Program. More than 500 volunteers contribute more than 65,000 hours of service annually to our hospital. Still, we have many areas in need of volunteer assistance and we do hope you will decide to join our hospital family.

Our volunteers are carefully screened and asked for a specific commitment. Please review the prerequisites and Volunteer Agreement before completing the enclosed application to ensure you can meet the criteria for a Suburban Hospital Volunteer. If you have any questions, please call us at 301.896.3092.

Prerequisites

- Must be at least 14 years old;
- Sign the Volunteer Agreement;
- Attend an onsite, 2-hour screening interview, orientation, and pre-placement; and
- Attend a second interview with a department manager in your area of interest.

To complete this application:

- Please print or type all the information except your signature.
- Sign the Volunteer Agreement. A parent or guardian signature is required if you are under 18 or enrolled in high school.
- Complete all sections of the application.
- Please mail completed application and signed Volunteer Agreement to the Volunteer Services Office at the address above or fax it to 301.896.2108.

A member of the Volunteer Services staff will schedule your initial interview and orientation. Your placement will be finalized after the second interview.

Many thanks for your interest. We look forward to hearing from you soon.

Sincerely,

Pamela M. Fogan, CAVS
Director, Volunteer Services

Please note: Should you be accepted for placement, a background check will be required for those persons age 19 and older.

PLEASE PRINT IN BLACK INK OR TYPE

NAME Last _____ First _____ MI _____

FIRST NAME FOR ID BADGE, if different from above _____

TITLE Mr. Mrs. Miss Ms **E-Mail Address** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE Home () _____ Work () _____

School () _____ Cell () _____

AGE 14–18 19–29 30–39 40–49 50–59 60–69 70–79 80+ **BIRTH DATE** _____

PREFERRED WORK AREA (*Circle*) Patients Public Office Undecided Specific Area _____

AVAILABILITY

Number of days per week 1 2 3 4 5

Hours per day 4 6 8

Start Date _____

How long do you plan to volunteer?

_____ 100 Hours

_____ One Year

_____ More than one year

_____ Summer

DAY **HOURS** (*Please specify earliest hour to start and latest hour to stop*)

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

WORK EXPERIENCE (*Paid or volunteer; list current or most recent job first.*)

Current Status (*Circle one*) Retired Unemployed Employed Student

1. Job Title _____ **Dates** _____

Company Name _____

Supervisor _____ Phone _____

Duties _____

Reason for Leaving _____

2. Job Title _____ **Dates** _____

Company Name _____

Supervisor _____ Phone _____

Duties _____

Reason for Leaving _____

3. Other Jobs (*List job titles only.*)

LANGUAGES SPOKEN English French Spanish Italian Other: _____

