Northern Virginia Mental Health Institute
Volunteer Services

Date: _____

PERSONAL INFORMATION

Last Name:_____ First Name:_____

Home
Address:_____
(Street) (City) (State) (Zip)

Home Phone #:_____ Cell :_____

Email Address:_____ First Language:_____

Highest Level of Education Completed:

☐ College – 1 year ☐ College – 2 years ☐ College – 3 years
☐ College Degree ☐ Graduate Degree ☐ High School

EMERGENCY CONTACT

Name:_____ Relationship:_____

Phone (home):_____(work):_____(cell):_____

REFERENCES

Name:_____Phone #: _____

Home
Address:_____
(Street) (City) (State) (Zip)

Email Address: _____

Name:_____Phone #: _____

Home
Address:_____
(Street) (City) (State) (Zip)

Email Address: _____

AREA OF INTERST / AVAILABILITY (check all that apply)

Areas of interest:

☐ Activities Partner ☐ Clothing Store Aid ☐ Community Companion
☐ Council Member
☐ Other_____

Indicate your availability below:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐

HOBBIES / SKILLS (check all that apply)

Hobbies:

☐ Exercise	☐ Antiques/Collectibles	☐ Camping	☐ Cooking	☐ Fishing
☐ Gardening	☐ Golf	☐ Hiking	☐ Hunting	☐ Music
☐ Needlework	☐ Reading	☐ Sewing	☐ Singing	☐ Skiing
☐ Tennis	☐ Travel	☐ Writing		
☐ Other _____				

Skills:

☐ Typing	☐ Teaching	☐ Sales	☐ Computers	☐ Data Entry
☐ Fundraising	☐ Advocacy	☐ Bookkeeping	☐ Arts and Crafts	☐ Fundraising
☐ Other _____				

Have you had any experience working with persons diagnosed with major mental illness? If yes, please explain: ☐ Yes ☐ No

Have you ever worked or volunteered at NVMHI before? If yes, please explain: ☐ Yes ☐ No

List previous volunteer experiences:

ADDITIONAL QUESTIONS

How did you hear about NVMHI Volunteer opportunities?

☐ Friend ☐ Professor/Teacher ☐ Hospital Employee ☐ Relative
☐ Website ☐ Volunteer ☐ Other_____

Is your interest in volunteering at NVMHI in conjunction with a class/course or community service credit?

☐ Yes ☐ No If yes, please explain:

What would you like to gain from your volunteer experience?

What do you consider your strength as a volunteer?

What would present the toughest challenge to you in your role as a volunteer at NVMHI?

DISCLAIMER

I certify that the information given by me in this application is true in all respects. If this information is found to be false in any way that I may be subject to dismissal, without notice. I authorize the use of any information in this application to enable the hospital to verify my statements, and I authorize all references, and any other persons to answer all questions asked by the hospital concerning my ability, character, reputation, and previous volunteer record. I release all such persons from any liability or damages on account of having furnished such information. If accepted as a volunteer, I agree to abide by all present and subsequently issued policies and rules of the Hospital and Volunteer Services. I agree to fingerprinting, background check, and drug screening. I further agree, if accepted as a volunteer, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and to notify my contact should I be absent for any reason.

_____ _____

Signature Date