

Sibley Memorial Hospital Volunteer Application

Please print

I am under 18: Yes No I am applying for: Year-round Summer

 Today's Date

General Information

 First Name

 Last Name

 Nickname

 Gender

 Date of Birth

 E-Mail Address

 Cell Phone

 Home Phone

 Work Phone

 Street Address

 City

 State

 ZIP Code

Emergency Contact Information

 Name

 Relationship

 Cell Phone

 Home Phone

 Work Phone

 E-Mail Address

Employment and Education

I consider myself to be a: Student Working Professional Retiree Other: _____

Circle your current level of school (if applicable), and **check** your highest year completed/current year:

Level of School

Highest/Current Year

High School

1 2 3 4

 Name of current or most recent school

College

1 2 3 4

Graduate School

1 2 3 4

 Degree/Major

 Current Employer

 Position/Title

Work Preference

I would like to request patient contact: Yes No

In addition, I am interested in a specific placement, if available: _____

Are you interested in working in healthcare/medicine in the future? If yes, please describe: _____

Commitment of Hours and Personal Statement

Commitment of Hours

If accepted as a Sibley Memorial Hospital Volunteer, I commit to volunteer at Sibley for one of the following terms of service: 1.) a minimum of four hours per week within a six month period; 2.) 100 total hours of service; 3.) one or more of the scheduled summer sessions.

I understand that I may request letters of recommendation only after fulfilling my Commitment of Hours.

Signature

Date

Personal Statement

In choosing to apply to become a Sibley Volunteer, I am interested in donating my time and effort to Sibley Memorial Hospital. I understand that in order to become a Sibley Volunteer, if I qualify, I will need to be proactive in completing the Application Process, including scheduling a Volunteer Interview and attending a Volunteer Orientation that emphasizes key components of the Sibley Memorial Hospital Volunteer Program.

I hereby certify that I have read and understand all of the statements and questions on this application and that my responses are true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from the Program. I recognize that inappropriate behavior can result in immediate dismissal from the Program.

As the Parent/Guardian of the Applicant, I have read and understand the requirements and commitments for my child to volunteer at Sibley Memorial Hospital and hereby grant full permission for their participation in the Program as a Junior Volunteer.

Applicant Signature

Date

Parent/Guardian Signature (if Applicant is under 18-years-old)

Date