

# FAUQUIER HEALTH

## Volunteer Application

**NAME:** \_\_\_\_\_ Name of Spouse \_\_\_\_\_  
          **Last Name      First      MI      (if applicable)**

**Address:** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

**Employment:** Are you currently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Most recent or previous employment background: \_\_\_\_\_

Have you ever been employed by Fauquier Health? \_\_\_\_\_

If so, when and in what capacity? \_\_\_\_\_

Have you volunteered in another hospital in the past? \_\_\_\_\_

If so, where? \_\_\_\_\_

Other volunteer experience: \_\_\_\_\_

Special skills, interests, hobbies: \_\_\_\_\_

**Education** Please provide information on only your highest level of education.

School/University \_\_\_\_\_ Degree obtained \_\_\_\_\_

Are you currently enrolled in higher education? \_\_\_\_\_

If yes, school & course of study? \_\_\_\_\_

Do you know any foreign languages? \_\_\_\_\_ Specify \_\_\_\_\_

**In case of emergency notify:**

Name/relationship: \_\_\_\_\_

Phone \_\_\_\_\_ (Home)

Phone \_\_\_\_\_ (Work)

According to hospital and auxiliary rules, volunteers working in the hospital must have a tuberculin (TST) test or chest x-ray **ANNUALLY**. The TST test is given free to volunteers. You must also take the Competency Validation tests **every year**. These will be sent out in the summer each year to be returned to the Volunteer department to track compliance. The official uniform for both male and female volunteers is a royal blue uniform jacket. Wear comfortable shoes. No shorts, jeans or miniskirts please.

**Please circle the days and times you are available to work:** (AM is usually 9:00AM to 1:00PM, PM is usually 1:00 to 5:00PM, and Eve. Is 5:00 to 9:00PM but schedules can be more flexible depending on area assigned)

Typical schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00 to 1:00	AM	AM	AM	AM	AM	AM	AM
1:00 to 5:00	PM	PM	PM	PM	PM	PM	PM
5:00 to 9:00	EVE	EVE	EVE	EVE	EVE	EVE	EVE

**Desired Services/Locations:** Please check the area that you feel best suits your interest and skills or a specific facility within the Health System you wish to serve. This is not a commitment. It will give me an idea for placement. Or, if you know where you want to serve, specify which specific area you wish to do so in the space provided.

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|--|--|
| <input type="checkbox"/> Hospitality and Retail Related Services | <input type="checkbox"/> Administrative or Clerical Services               |
| <input type="checkbox"/> Patient Care/Clinical Related Services  | <input type="checkbox"/> Pastoral/Spiritual Care Services                  |
| <input type="checkbox"/> Fauquier Hospital                       | <input type="checkbox"/> Thrift Shop                                       |
| <input type="checkbox"/> Cancer Center at Lake Manassas          | <input type="checkbox"/> Fauquier Health Rehabilitation and Nursing Center |

If you know of an area that you would specifically like to serve or have a skill or interest that you feel would be a benefit to our health system, but does not fall under any of these categories, please note here \_\_\_\_\_

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Would you be willing to be on our "on-call" special event list?      Yes    No

Have you ever been convicted of a crime?    \_\_\_ yes \_\_\_ no

Have you ever been ordered to perform court-ordered community service? \_\_\_ yes \_\_\_ no

If yes to either or both of the questions, please explain. Include type of crime(s) involved \_\_\_\_\_

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Criminal Record Checks will be performed on volunteers over the age of 18. This information will be kept in strict confidence. A record of criminal conviction will not necessarily bar you from being selected as a volunteer. In making our decision, we will consider many factors, such as your age and type of the offense involved, the seriousness and nature of the violation.

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way, I will be dismissed without notice regardless of when the false information is discovered.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By volunteering your time at Fauquier Health you have become an honorary member of the Fauquier Hospital Auxiliary. Although the Auxiliary does not solicit yearly dues, they do ask their members to either contribute by means of their time, financially, or both, in effort to participate in accordance with their mission to support our community and its hospital organization.

**Please return completed application to:**  
 Lynn Lauritzen, Director of Volunteers, Fauquier Health  
 500 Hospital Drive, Warrenton, VA 20186  
 (540) 316-2910 or fax to Lynn Lauritzen at (540) 316-3901