

SPECIAL PROJECTS

VOLUNTEER APPLICATION



St. Mary's Hospital

Volunteer Office

301-475-6453

P.O. Box 527
25500 Point Lookout Road
Leonardtwn, Maryland 20650

PERSONAL DATA

Last Name

First Name

MI

Preferred name: _____

Mailing Address

Apartment Number

City

State

Zip

(____) _____
Home Telephone No.

(____) _____
Work Telephone No.

E-Mail Address

Name and Telephone Number of Parent/Guardian

____ - ____ - _____
Social Security Number

Birthday: _____
Month / Day / Year

To perform the functions of a volunteer will accommodations be required? Yes No

If yes, please state accommodations required. _____

Special skills

- | | | |
|---|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Art (posters, etc.) | <input type="checkbox"/> Calligraphy |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Sewing | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Accounting | <input type="checkbox"/> Musical Instrument |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Photography | <input type="checkbox"/> Reading to patients |
| <input type="checkbox"/> Other _____ | | |

Would you be willing to work on special projects such as health fairs? Yes No

Availability: Indicate day and times.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

REFERENCE:

Name _____
Length of time known

Mailing Address _____
City, State, Zip

Daytime telephone number _____ Evening Telephone Number _____

Name _____
Length of time known

Mailing Address _____
City, State, Zip

Daytime telephone number _____ Evening telephone number _____

PERSONAL DATA: The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, gender, or national origin. Federal law prohibits discrimination because of age. Maryland law prohibits discrimination based on marital status or physical or mental handicap unrelated to the performance of the work. The information requested below is for statistical purposes only. Providing the information is completely optional.

Sex: Male ___ Female ___

Ethnicity: African-American ___ Hawaiian ___ White ___
 American Indian ___ Alaskan Native ___
 Asian or Pacific Islander ___ Hispanic ___ Other ___