

Western Maryland Hospital Center
1500 Pennsylvania Ave. Hagerstown MD 21742

VOLUNTEER APPLICATION

Date: _____

Personal Information

Full Name: _____ Birth Date: _____

Street Address _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Education or Special Training: _____

Emergency Contact

Name: _____ Phone: _____

Volunteer Availability

Please check all that are applicable:

- Monday Tuesday Wednesday Thursday Friday
 Mornings Afternoons Evenings Weekends Holidays

Volunteer Opportunities

Please check all the area(s) you are interested in:

- General Activity Assistant (assist with bingo, crafts, games, etc.)
 Chaplain/Clergy Pet Therapy Snack Shop Therapeutic Gardens
 Reading to Residents Musical Entertainer Auxiliary Other _____

*This list is not exhaustive, if there is a specific task, please list in "Other". Tasks may change from time to time in order to accommodate the needs of residents/staff.

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References

Please provide two personal/professional references whom you are not related to:

1. Name: _____ **Phone:** _____

Email Address: _____

2. Name: _____ **Phone:** _____

Email Address: _____

*Volunteers under the age of 18 will have to complete a Parent/Guardian consent form.

For more information contact:

Jenna Perry, Therapeutic Recreation Supervisor

Phone: 301-745-4477

Email: jenna.perry@maryland.gov