



Augusta Health
P.O. Box 1000
Fishersville, VA 22939

Phone (540) 332-4740 Staunton
Phone (540) 932-4740 Waynesboro
www.augustahealth.com

Volunteer Application

Name Social Security #

Address

Phone e-mail address Birthday (Mo. & Day)

Prior Volunteer Experience

Work Experience

Time Available for Work

Type of Work Preferred

Area of Specialization or Major Interest

Have you ever been convicted of a felony? YES NO

References (2): (may not be related to you)

Name Name

Address Address

Phone Phone

Relationship to Applicant Relationship to Applicant

I voluntarily consent to a through investigation of my past volunteer experience, employment, and activities. I give Augusta Health the right to make checks on my background and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Signature Date

Send applications to Lee Phillips , Director of Volunteer Services. LPhillips@augustahealth.com