

Volunteer Application Form

Northern Virginia Mental Health Institute
3302 Gallows Road
Falls Church, VA 22042-3398

Directions: Mail the completed application to the above address to the attention of Betsy Thompson or fax it to 703-207-7434.

Last Name	First Name	Middle Initial
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Street Address		
City	State	Zip

Home Phone ()	Cell Phone ()	E-mail Address	I prefer to receive calls at: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> either
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How did you find out about us? _____

Have you served as a volunteer with us before? Yes No. If yes, in what year? _____

Volunteers of NVMHI must be 18 years or older. Are you 18 years or older? Yes No.

Have you previously received services from NVMHI? Yes No. *(Persons who have previously received services may volunteer in a non-clinical role)*

Education and Training - Please list any education, degree(s), certifications or licenses you have received:

Please attach a resume if you have one.

Volunteer Interest Survey

I want to volunteer because:

What special skills, interests, hobbies, talents or knowledge do you have that you would like to share with the patients at NVMHI?

Please check all areas that are of interest to you:

- Free-Time Activities: games , puzzles, conversations
- Special Events, Holiday or Spiritual Celebrations:

- Share a Musical or Artistic Talent:_____
- Share an Area of Interest or Expertise:

- Administrative/Clerical duties
- Fundraising - planning for special events
- Other Skills, Interests or Talents You'd Like to Share:
- Other languages spoken: _____

Availability Please check the times you are usually available for a volunteer assignment and if possible indicate specific hours. At this time, we are primarily looking for volunteers Monday through Friday.

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wed	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
Times available	Times available	Times available	Times available	Times available	Times available	Times available
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

How often would you like to volunteer:

- daily
- weekly
- monthly
- other _____

Emergency Contact In the event of an emergency please notify:

Name	Home Phone Number
Relationship	Work Phone Number

Liability Waiver

It is the opinion of the Commonwealth of Virginia's Attorney General Office that NVMHI and its employees and patients have no legal obligation to any volunteer who may be injured in performance of volunteer duties. In the event a volunteer is injured, the physician on duty may, in accordance with the "Good Samaritan Law", treat the individual so as to prevent the loss of life, limb, and to prevent undue suffering. In this case, the physician is acting as an independent agent and not as a representative or employee for the state. Any volunteer who is injured will be directed to the emergency room at the local hospital or they can see their primary care physician. Any volunteer who is injured while performing volunteer services at NVMHI must notify a staff person of the injury as soon as possible.

Applicant's Signature: _____ Date: _____

Statement of Understanding

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release NVMHI from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

Applicant's Signature: _____ Date: _____