



GOODWIN HOUSE  
ALEXANDRIA

# GOODWIN HOUSE ALEXANDRIA Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ (home): \_\_\_\_\_ (office): \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

How did you hear about Goodwin House Alexandria? \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

Type of volunteer experience desired \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the hours/days you are available? \_\_\_\_\_

Do you have any physical limitations, or are you under any course of treatment, which might limit your ability to perform certain types of work? Yes \_\_\_\_\_ (please explain below) No \_\_\_\_\_

\_\_\_\_\_

List previous Volunteer Experience:

Activity	Organization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your specific skills and talents that might be useful in your volunteer work:

\_\_\_\_\_

\_\_\_\_\_

Do you speak or write any languages other than English? If so, which ones?

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**Equal Opportunity:** Goodwin House Alexandria is an equal opportunity employer. We do not discriminate against applicants, or volunteers, on the basis of race, color, religion, sex, national origin, age, marital status, or handicap, unrelated in nature and extent to the ability to perform job duties, in accordance with all Federal, State and local laws. This policy of nondiscrimination extends to all volunteers' actions.

**Confidentiality Statement:** I hereby agree to regard all information received in the performance of my volunteer work in this health care facility as confidential. I understand that this facility respects residents' rights with regard to privacy of information and agree to respect these rights in the performance of my volunteer duties and keep "professional" confidentiality in all my statements outside the facility. I agree to respect residents' rights to privacy, as well as those of the family and the facility, whenever I make community presentations, or participate in volunteer recruitment programs. The Volunteer Coordinator will approve the content of these presentations in advance.

**Volunteer Agreement:** I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to Goodwin House Alexandria's policies and procedures once they are explained to me in the Volunteer Orientation and the Volunteer Handbook that I will receive.
3. To meet time and duty commitment, or to provide adequate notice so that alternate arrangements can be made.
4. To act at all times as a member of the Goodwin House Alexandria's team.

Volunteer Signature: \_\_\_\_\_

Parent/Guardian Signature (if volunteer is under 18): \_\_\_\_\_

Please return to:

Volunteer Coordinator  
Department of Life Enrichment  
Goodwin House Alexandria  
4800 Fillmore Avenue  
Alexandria VA, 22311  
[cwu@goodwinhouse.org](mailto:cwu@goodwinhouse.org)

*Thank you for your interest in volunteering at Goodwin House Alexandria!*