

HUMAN RESOURCES VOLUNTEER APPLICATION

All aspects of the volunteer process will be administered without regard to race, color, religion, gender, national origin, age, marital status, disability, veteran status, genetic information, or any other basis protected by law. Inquiries may be directed to the Title IX and Section 504 Coordinator, Director of Human Resources, Smith Rogers Hall, 358 Mowbray Arch, AA/EOE Norfolk, Virginia 23509, Phone No. (757) 446-6043.

SECTION I – TO BE COMPLETED BY APPLICANT Please print and use ink. All questions in this Section must be answered by applicant.

Last Name	First Name	Middle Name	Other Names Known By
Address	City	State	Zip Code
Social Security No	Home Phone ()_	Daytime Ph	none ()
Have you ever been employe	ed with EVMS? □ No □ Yes If	yes, when: C	Capacity:
Have you ever been convicted	ed of a felony? ☐ No ☐ Yes		
If yes, give date and details:			
Emergency Contact Name:_		Relationship:	Phone #:
Applicant Signature		Date	
	SECTION II – TO BE CO	MPLETED BY DEPARTME	NT
perform. I agree to supervis date) and will ensure that he		m (stating prior to the start date. T	uties the above-named volunteer wil art date) to (end The volunteer should report to
			Date:
Printed Name:			
Approval Signature			
of Administrator and/or Cha	ir:		Date:

Please return completed form to the Office of Human Resources at 358, Mowbray Arch, Ste 101 or fax to 446-6135.