



The American Foundation for Saint George Hospital, Inc.

Volunteer Application

Name

First _____ Middle _____ Last _____

Address _____

City _____ State _____ ZIP Code _____

Home Phone _____ Work Phone _____ Email _____

Employment

Are you currently employed? Yes No

If yes - or if you have ever been employed - please provide details:

Employer

Company Name _____ Position _____

Supervisor _____ Years _____

Briefly describe your responsibilities _____

Education - Please provide information on your highest level of education:

School/University _____ Degree obtained _____

Are you currently enrolled in higher education? Yes No

If yes, school & course of study _____

I would like to volunteer in the following way (s):

- Host a fundraiser
- Help in the organization of a fundraiser
- Help in office work
- Other, Please Specify _____

I would like to be added to the mailing list Yes No

I would like to be added to the emailing list Yes No

Thank you for volunteering! We will contact you as soon as we receive your application.

You may mail, fax, phone or email this form using the contact information below:

The American Foundation for Saint George Hospital, Inc. - P.O. Box 2285 - Fairfax, VA 22031-0285

Phone: 703-385-2182 - Fax: 703-385-2183

info@stgeorgefoundation.org