

Cross Over Ministry
108 Cowardin Avenue
Richmond, VA 23224

Kristin Mikkelsen, Coordinator of Volunteers, 262-3585 ext. 111

Volunteer Application

Please print clearly:

Date: ____/____/____

Name: Mr./Mrs./Miss/Ms.: _____

Nickname: _____ Date of Birth: (year optional) ____/____/____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Email Address: _____

Are you employed? Yes _____ No _____ P/T or F/T (circle one)

Place of employment _____ Work Phone #: _____

What is your regular place of worship? _____

Are you enrolled in school? Yes _____ No _____
If so, where? _____ Graduation Date: ____/____/____

Highest level of education completed: _____ Major: _____

How did you hear about CrossOver? _____

Why do you want to volunteer here? _____

Do you have educational, internship or community service hours to complete? Yes _____ No _____
If yes, how many hours? _____ When do they need to be completed? _____

Have you ever worked in a medical or dental office before? Yes _____ No _____
If so, what did you do, where and how long? _____

Other professional work experience: _____

List any previous volunteer work: _____

Hobbies or special interests: _____

Do you have skills or talents you would like to share with Cross Over Ministry through your service? _____

Is there anything that would restrict you from volunteering at Cross Over Ministry?

Can you make a one-year commitment to Cross Over Ministry? Yes _____ No _____
If no, please explain: _____

In case of an emergency, whom should we call? Local names please:
Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Please provide us with one reference:
Name: _____ Phone #: _____ Relationship: _____

Times Available to Volunteer (please indicate below):

Time / Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings						
Afternoon						
Evenings						

If your schedule varies, please describe your available time: _____

CrossOver has my permission to investigate any information provided in this application.
I promise to consider confidential all information I hear and/or see during my work at the center.

Signature Date

Confidentiality Agreement for Volunteers

1. Confidentiality is a MUST concerning patients and their medical records. You and Cross Over Ministry are liable and can be sued for any violation of this code of ethic.
2. Any medical questions the patients may ask should be referred to the medical staff. Never recommend a specific physician or give your medical opinion to a patient or staff member.
3. You can NOT share information regarding any patient with another volunteer, inside or outside of the center.

Signature Date

Please fax completed form to Kristin Mikkelson, Coordinator of Volunteers at 804-231-5723.