

**MASONIC HOME OF VIRGINIA**  
4101 Nine Mile Road, Richmond, VA 23223

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**VOLUNTEER APPLICATION**

Today's Date: \_\_\_\_\_

**Please answer every question even if you are attaching a resume. Please print legibly.**

Name: \_\_\_\_\_

                    Last                                    First                                    Middle  
Present Address: \_\_\_\_\_

                    Street                                    City                                    State                    Zip

Home Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever volunteered with us before? ☐ Yes ☐ No

*If yes, please give dates and department:* \_\_\_\_\_

Have you ever been convicted of a law violation? ☐ Yes ☐ No

*If yes, please give details:* \_\_\_\_\_

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

**APPLICANT'S CERTIFICATION: Please read carefully before signing**

**I certify that the facts I have provided in my volunteer application are true and complete.**

**Signature:** \_\_\_\_\_

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



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PLEASE ATTACH A COPY OF YOUR LICENSE/IDENTIFICATION CARD TO THE APPLICATION