

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

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