

CONTACT INFORMATION:

First name: *
Last name: *
Middle name::
Address 1: *
City: *
State: * Zip: *
Primary phone: Email address: *

DEMOGRAPHICS AND PERSONAL INFO:

Date of birth: *
Education: *
Occupation / Employer:

EMERGENCY CONTACT:

In the event of an emergency whom should we notify?

First name: *
Last name: *
Title:
Street 1: *
Street 2:
City: *
State: *
Zip: *
Primary phone:
Relationship: *

AVAILABILITY

Please indicate the days and times you are available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
8 am -12 pm:							
10 am - 2 pm:							
12 pm - 4 pm:							
4 pm - 9 pm:							
Other:							
Other:							
Please explain if you marked other:							

YOUR VOLUNTEER REQUIREMENTS:

Are you applying to fulfill a school, graduation or government program requirement for service? Please specify how many hours you need and any other special requirements. Volunteers must be able to make a commitment of at least 150 hours for their entire volunteer career.

Are you trying to fulfill requirements?:

Please explain if you chose YES:

YOUR SKILLS:

In which of these areas do you feel you have moderate to excellent skills? Check all that apply.

Skills:

Basic Medical Terminology • Office Skills • Computer Skills
Delivering Supplies/Driving • Mailings • Answering Phones
Strong Communication Skills • Public Speaking • Event Planning

YOUR INTERESTS:

What are you interested in doing, or willing to do (with training) as a volunteer?
Check all that apply.

Data Entry/Office Work
Driving/Transporting
Event Planning
Event Setup
Other

REFERENCES:

Please provide us with 2 (two) NON-RELATED references (ie: not your mom, dad, brother, sister, grandmother, grandfather or any other relative. This includes in-laws.).
For applicants under 18 years of age, please have a teacher, employer, or coach as a reference, if possible. If you do not provide complete address information, your application will NOT be processed.

1,
First name: *
Last name: *
Street 1: *
Street 2:
City: *
State: *
Zip: *
Primary phone:
Relationship :

1,
First name: *
Last name: *
Street 1: *
Street 2:
City: *
State: *
Zip: *
Primary phone:
Relationship :

CRIMINAL HISTORY:

Have you ever been convicted of, or pled guilty to a criminal offense (misdemeanor or felony)? We do criminal background checks. Falsification of this or any other information on the application is grounds for immediate termination. A conviction does not necessarily disqualify you from volunteering.

Please explain if your answer is YES:

PARENTAL SIGNATURE:

If you are under the age of 18, a parent or guardian must approve the following:

I have read the information sent and I give my permission for my son/daughter to volunteer at Toledo Hospital and/or Toledo Children's Hospital. I further give my permission for my son/daughter to receive, if necessary, medical tests required of hospital volunteers. If an emergency arises while my son/daughter is on duty and reasonable attempts to contact me are unsuccessful, I give consent for the administration of treatment deemed medically necessary.

Parent / Guardian Please type your name in the box as proof of your signature.

Anything Else?

Please provide us with any additional information you feel will help us to know more about you. Please comment if you are looking to volunteer in a specific area or if you are open to any department.

I Agree

I understand and agree that submitting this application form does not automatically register me as a OCC volunteer, and there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

COMMITMENT

I understand that I am making a commitment to volunteer at least 150 hours for my entire volunteer career here at the OCC.

By submitting this form, I attest that the information I have provided on the form is true and accurate. I understand and agree that falsification of this or any other information is grounds for immediate termination.