



ADULT VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Address: _____

Street City State Zip

Birthdate: _____ Home Phone: _____ Work Phone: _____
Month/Day

Email: _____

If presently employed, name of employer: _____

Position: _____ Full-Time Part-Time

Emergency Contact: _____
Name Relationship Home Phone Work Phone

Limitations Related To Your Health: _____

How Did You Become Interested in our Volunteer Program? _____

Personal or Professional References: (Please exclude relatives)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Interests/Skills/Area in which you would be willing to volunteer: (Please check all that apply)

- Transport patients
- Labeling/Delivering
- Mailings
- Computer entry
- Gift Shop
- Dietary
- Filing
- Foreign language
- Transport equipment
- Phone Receptionist
- Copying
- Other _____

Please give any other information you feel pertinent to your application: _____

The above information is accurate and correct to the best of my knowledge.

Signature: _____ Date: _____

Your signature indicated your approval for us to check references and contact your physician regarding your physical and emotional health. Pomerene Hospital is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for Volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

*Please return application to: Callie Selders, Volunteer Services
Pomerene Hospital 981 Wooster Road Millersburg, OH 44654*