



ADULT VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____
Street City State Zip

Birthday: ____ / ____ / ____ Home Phone: _____ Work Phone: _____

Email: _____

If presently employed, name of employer: _____

Position: _____ Full-Time Part-Time

Emergency Contact: _____
Name Relationship 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
- Coffee Shop
- Dietary
- Filing
- Foreign language
- Transport equipment
- Phone receptionist
- Copying
- Other _____

Please provide 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 indicates your approval for Pomerene to check references and contact your physician regarding your physical and emotional health. Pomerene 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: Pomerene Hospital, Attn: Cindy Yoder, Volunteer Services
981 Wooster Road, Millersburg, OH 44654**