



# Volunteer Application

- ADULT
- COLLEGE STUDENT
- INTERN
- STIPEND
- CORPORATE
- OTHER

*Volunteer Services Department - One Children's Plaza - Dayton Ohio 45404-1815 - Phone: 937-641-3333 - Fax: 937-641-3804*

**Name:**  Mr.  Mrs.  Miss  Ms. Nickname \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of birth: Month \_\_\_\_ Day \_\_\_\_ Year (Optional) \_\_\_\_\_

**Address: Street:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Home Address (if college student) Street:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(Please check one)  **Employed by** or  **Retired from**

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

**Why do you want to volunteer at Children's:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Past volunteer experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Experience working with children:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List Interests/Skills/Hobbies:** \_\_\_\_\_

\_\_\_\_\_

**Education**

High school: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

College: \_\_\_\_\_ Year of graduation: \_\_\_\_\_ Degree \_\_\_\_\_

(OVER)

**PLEASE CHECK THE TIMES YOU ARE AVAILABLE TO VOLUNTEER**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoon							
Evenings							

**How long do you plan to volunteer?** \_\_\_\_\_

**References:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency information:**

Person to notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Have you ever been convicted of any offense (other than a minor traffic violation)?** Yes \_\_\_ No \_\_\_

**If yes, please explain** \_\_\_\_\_

(Conviction of some offenses result in ineligibility to volunteer in a pediatric environment per Senate Bill 187 effective 03/01.)

**All volunteers are subject to fingerprinting and background checks.**

*I understand that I am expected to volunteer a minimum of 100 hours or for a one-year period. I will uphold The Children's Medical Center's rules of conduct, policies and procedures.*

*I understand that for the health and safety of our patients and staff, Children's employees and volunteers are prohibited from smoking on hospital grounds or during work shifts.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_