



Volunteer Application

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

Date: _____

Name: Mr. Miss

Nickname: _____

Last: _____ **First:** _____ **MI:** _____

Date of birth: Month _____ Day _____ Year _____

Address:

Street: _____

City: _____ **State:** _____ **Zip:** _____ **Home telephone:** _____

E-mail address: _____ **Cell phone:** _____

School attending: _____

Age: _____ **Current grade:** _____ **Grade point average:** _____ **Year of graduation:** _____

Employer's name (if applicable): _____ **Telephone:** _____

Why do you want to volunteer at Dayton Children's:

Previous volunteer experience (include name of organization, dates and number of hours worked):

(OVER)

Please describe your experience working with children, including age groups.

What day(s) and hours can you give on a regular basis during the summer? _____

List hobbies and interests: _____

Organizations or clubs in which you are currently involved: _____

References: Give name, complete address and telephone number of two (2) individuals who have known you for more than one year. Please include one of your teachers.

1. Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Information:

Person to notify: _____ Relationship: _____

Home telephone: _____ Work telephone: _____

Place of employment: _____

City: _____ State: _____ Zip: _____

Physician: _____ Phone: _____

I understand that I am expected to volunteer a minimum of 36 hours per year. I will uphold The Children's Medical Center of Dayton rules of conduct, policies and procedures.

Signature: _____ Date: _____

Parent/Guardian Signature _____ Relationship _____