



# Grady Memorial Hospital

## OhioHealth

### Volunteer Services Adult Volunteer Application

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP \_\_\_\_\_

How did you find out about volunteering at Grady?

Friend, Who? \_\_\_\_\_  Newspaper  Other, specify \_\_\_\_\_

Days and times available to volunteer? (Check all the that you might be available)

Mornings  Afternoons  Evenings

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Have you volunteered for Grady before?  No, if yes, when and where? \_\_\_\_\_

What Grady volunteer opportunities interest you? \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Previous work experience:

<u>Employer</u>	<u>Position</u>	<u>Duties</u>	<u>How long?</u>

Would you like to volunteer in this field, if possible? \_\_\_\_\_

List any special qualifications, skills, or training you have acquired: \_\_\_\_\_

Describe special interests or hobbies: \_\_\_\_\_

Education: (optional)  High School  College  1  2  3  4 Major \_\_\_\_\_

Other? \_\_\_\_\_

Any limitations related to health?  No If yes, are there reasonable accommodations that can be made?

What benefit would you like to gain from your volunteer experience?

Personal or Professional References: (Please exclude relatives.)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
Name Phone #

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

Your signature indicates your approval for us to check references, and perform a background check. This organization is not obligated to provide a placement, nor are you obligated to accept the position offered. *Opportunities for volunteers are provided without regard to race, religion, creed, national origin, age, or sex.*

**Requirements:**

1. Must have annual TB skin test.
2. Must complete a background check.
3. Must complete volunteer orientation, and annual refresher training.

When completed, please mail this application with your signed background check to Volunteer Services. You will be notified within one to three weeks after your application has been processed. We welcome your interest!

Please return this application to:

Grady Memorial Hospital OhioHealth  
Volunteer Services  
561 W. Central Avenue  
Delaware, OH 43015