



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