

**FOR OFFICE USE ONLY:**

RECEIVED DATE: _____ INTERVIEW DATE: _____
ENTERED DATE: _____ ORIENTATION DATE: _____
ACKNOWLEDGED: _____ I.D. BADGE: _____
BACKGROUND CHECK: _____ FLAG: _____
INTERVIEW CALL: _____
REMINDER CARD: _____

**OHIOHEALTH RIVERSIDE METHODIST HOSPITAL
VOLUNTEER SERVICES
VOLUNTEER APPLICATION**

Today's Date: _____

LAST NAME		FIRST NAME		MIDDLE NAME	NICKNAME	HOME PHONE
ADDRESS				CELL PHONE		WORK PHONE
CITY, STATE, ZIP				E-MAIL ADDRESS		
BIRTHDATE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				SOCIAL SECURITY/TIN # (REQUIRED IN ORDER TO PROCESS APPLICATION)		
DRIVER'S LICENSE #		ARE YOU A U.S. MILITARY VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH		
IF PRESENTLY EMPLOYED, NAME OF FIRM						
NAME OF COLLEGE CURRENTLY ATTENDING		IS THIS A SCHOOL REQUIREMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY HOURS REQUIRED?		
HAVE YOU BEEN EMPLOYED IN THE HEALTHCARE FIELD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE, WHEN AND WHAT CAPACITY?						
HAVE YOU EVER VOLUNTEERED FOR THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO				WHERE:		WHEN:
OTHER VOLUNTEER EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				WHERE:		WHEN:
DO YOU HAVE A PREFERENCE OF OHIOHEALTH LOCATION OR DEPARTMENT IN WHICH TO VOLUNTEER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?						
PLEASE CHECK ONE. <input type="checkbox"/> Weekdays Mon. - Fri. <input type="checkbox"/> Evenings Mon. - Fri. after 3p.m. <input type="checkbox"/> Weekends						
WHY DO YOU WANT TO VOLUNTEER AT THE HOSPITAL?						
CONTACT IN CASE OF EMERGENCY: LAST NAME				FIRST NAME		
RELATIONSHIP		HOME PHONE		WORK PHONE		CELL PHONE
FAMILY PHYSICIAN				PHONE		
NAME OF ANY RELATIVE CURRENTLY EMPLOYED BY OHIOHEALTH.					RELATIONSHIP	
ANY LIMITATIONS RELATED TO HEALTH? (VOLUNTEERS MUST BE ABLE TO PERFORM DUTIES INDEPENDENTLY)						
IF YES, ARE THERE ANY REASONABLE ACCOMMODATIONS THAT CAN BE MADE?						
HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY OR NO CONTEST TO A MISDEMEANOR OR FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:						
SKILLS THAT YOU HAVE TO OFFER: EXAMPLE: PIANO, COMPUTER, ETC.						
SIGNATURE					DATE	

BY SIGNING THIS VOLUNTEER APPLICATION, I AGREE AND ACKNOWLEDGE THAT (1) MY VOLUNTEER SERVICES ARE DONATED TO OHIOHEALTH RIVERSIDE METHODIST HOSPITAL ("RIVERSIDE") WITHOUT CONTEMPLATION OF COMPENSATION OR FUTURE EMPLOYMENT AND ARE GIVEN PURELY FOR CHARITABLE REASONS, (2) TO BE CONSIDERED FOR A VOLUNTEER PLACEMENT, I MUST COMMIT TO A MINIMUM OF ONE YEAR AND 100 HOURS OF SERVICES, (3) I AM CONSENTING TO A BACKGROUND CHECK/FINGERPRINTING AND ALL OTHER HEALTH ASSESSMENT OR SCREENING ACTIVITIES REQUIRED BY APPLICABLE LAW OR RIVERSIDE POLICIES, (4) RIVERSIDE MAY CONTACT MY PHYSICIAN REGARDING MY HEALTH STATUS, AND I WILL COMPLETE ANY AUTHORIZATION/RELEASE FORMS REQUIRED BY MY PHYSICIAN IN A TIMELY FASHION, (5) RIVERSIDE IS NOT OBLIGATED TO PROVIDE A VOLUNTEER PLACEMENT, NOR AM I OBLIGATED TO ACCEPT ANY VOLUNTEER PLACEMENT THAT IS OFFERED, AND (6) OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RACE, COLOR, GENETIC INFORMATION, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, AGE, ANCESTRY, NATIONAL ORIGIN, VETERAN STATUS, MILITARY STATUS, PREGNANCY, DISABILITY, MARITAL STATUS, OR FAMILIAL STATUS
FURTHERMORE, I RELEASE RIVERSIDE FROM ANY CLAIM OR LIABILITY OR ANY INJURY OR ILLNESS ARISING FROM MY PARTICIPATION IN ANY VOLUNTEER ACTIVITIES, AND UNDERSTAND THAT OHIOHEALTH RIVERSIDE METHODIST HOSPITAL IS NOT RESPONSIBLE FOR ANY RELATED CHARGES FROM ANY PHYSICIAN OR HOSPITAL, INCLUDING RIVERSIDE.
LASTLY, I AGREE AND UNDERSTAND THAT THE ONLY WAY TO RECEIVE PAID EMPLOYMENT IS TO APPLY THROUGH THE HUMAN RESOURCES OFFICE AT 550 THOMAS LANE.

When completed, please mail your signed Volunteer Application, Volunteer Authorization for Background Check (3 sheets), Volunteer Commitment and Volunteer Dress Code forms to the Volunteer Office.

**You will be notified within one to three weeks after your application has been processed.
We welcome your interest!**