

AULTMAN HOSPITAL VOLUNTEER SERVICES DEPARTMENT
ADULT VOLUNTEER APPLICATION

Name _____ Mrs. Mr. Miss Ms. (Please Circle)
First M. Last

Address _____ City _____ Zip Code _____

Home Phone number _____ Alternate phone number _____

Birth Date _____ E mail address (if applicable) _____
Month/day /year optional

Education: High School _____ College _____

Work Experience: Name of employer _____ Approx dates of employment _____
Type of work _____

Volunteer Experience: Where? _____ When? _____
Type of Service _____

Hobbies, skills, special interests: _____

Volunteer goals _____

Community affiliations _____

Reference: (List 1 family member and job experience or a volunteer experience) You must have at least two references with name, phone number, and relationship.

Have you ever been employed at any Aultman facility? Yes _____ No _____

If yes, list department(s) and dates of employment _____

Do you have any medical conditions you think we should be aware of? _____ If so, what? _____

Emergency contact information: Name _____ Address: _____

Phone: _____ Alternate Phone _____ Relationship _____

Do you accept that there will be certain requirements in connection with your training and assignment that must be met? _____

I certify that all of the above information is true and accurate.

Signature _____ Date _____ **SEE ATTACHED PAGE**

After all forms are filled out and signed, mail them back to:

**Aultman Hospital Volunteer Services
2600 6th St SW
Canton, OH 44710**

FOR OFFICE USE ONLY

Received _____ Interview _____

Orientation _____

Then in 4 or 5 days, call 330-363-6368 to set up an interview.

Appointments taken Monday – Friday 8:30 a.m. – 4 p.m.

**AULTMAN HOSPITAL
VOLUNTEER DEPARTMENT
2600 SIXTH ST SW
CANTON, OH 44710
Fax # 330- 580-5537**

**This must be completed before
first day that volunteer begins**

CONFIDENTIAL

To: The Director of Volunteer Services

(Volunteer)

(Address)

(City, State, Zip Code)

The above named is free from contagious disease, and there is no
contra-indication to her/his performing volunteer activities at Aultman Hospital

Remarks: _____

(Doctor's Signature)

(Print Doctor's Name)

(Date)

Revised 11/06