

# Adult Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street/box) (city) (state) (zip)

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Education: High School: Attended ( ) Graduated ( ) College: Attended ( ) Graduated ( )

### Previous Work or Volunteer Experience:

Volunteer: \_\_\_\_\_  
(place) (phone) (how long)

Employment: \_\_\_\_\_  
(place) (phone) (how long)

### References: (list no more than 1 family member)

1. \_\_\_\_\_  
(name) (phone) (relationship)

2. \_\_\_\_\_  
(name) (phone) (relationship)

What days and hours will you be able to give regularly? Number of hours per week: \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Morning  Afternoon  Evening

I understand that I am not an employee of Union Hospital and therefore, I am not covered by the provisions of the Workmen's Compensation Law of Ohio; therefore, in the event of an accident or injury while I am on duty as a volunteer, I will be responsible for medical and hospital expenses incurred as a result of said accident or injury. I also understand that Union Hospital is not responsible for the loss of clothing or other personal items or damage to same while I am on duty as a volunteer.

I understand Union Hospital requires a drug screen, TB testing, seasonal flu vaccine and background check and agree to those requirements. I also give permission to check references listed on my application. Please indicate if there are any medical conditions we should be aware of: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact person (in case of an emergency):

\_\_\_\_\_  
(name) (relationship) (phone)

\_\_\_\_\_  
(name) (relationship) (phone)