



Are you required to volunteer? If yes, by whom? _____

First Name		Last Name		M.I.
Address			Email Address	
City	State		Zip Code	
Home Phone (include best time to reach at this #)			Work Phone (include best time to reach at this #)	
Date of Birth			Social Security # (last four digits only)	

Education and Work Experience

Current Employer _____	Circle last grade completed: High School 9 10 11 12 Graduation Date _____ College 1 2 3 4 Graduation Date _____
Position Responsibilities _____	
Other Pertinent Skills _____	

Circle Area of Interest & Available Days/Time

Please note that we have limited positions on weekends and evenings. We also do not have positions for volunteers to "read to patients."

Hospitality: Volunteers work in public areas of hospital, information desk, tour guide, food services, patient or event ambassador. We need volunteers who like to work with people and are warm, sociable, friendly and courteous to fill these positions.

Patient Services: Volunteers work in areas such as schoolroom, child life, & clinic. They interact with patients and families, so they need to be extra sensitive to the needs of hospitalized patients and their families. Extra screening and background checks required, as well as additional orientation. Experience in school setting, tutoring and/or child life preferred.

Technology, Data and Office Work: These volunteers assist administration staff in different offices, such as development, volunteers and public relations, fiscal services, health information, plant services and receiving.

Day(s) you are available (please write the times or place an X for unavailable days)
 Sun Mon Tues Wed Thurs Fri Sat

Please complete and send to:
 Shriners Hospitals for Children
 Volunteer Office, ML #120
 3229 Burnet Avenue
 Cincinnati, Ohio 45229-3018

For Office Use Only

- | | | |
|---|---|--|
| <input type="checkbox"/> Hospital Video | <input type="checkbox"/> Tour | <input type="checkbox"/> Data Bases (Indv, group, email, couple) |
| <input type="checkbox"/> HIPAA | <input type="checkbox"/> Health Form | <input type="checkbox"/> Sign-in Book |
| <input type="checkbox"/> Orientation | <input type="checkbox"/> Tip Sheet | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Badge | <input type="checkbox"/> Application to Dept. | <input type="checkbox"/> Drug Screen |

Please advise us if any accommodation is needed to participate in the application process.
Completion & submission of this application gives hospital personnel permission to perform a background check if necessary.

Person To Be Notified In Case of Accident or Emergency

Name

Address

Home Phone

Work Phone

Relationship

Personal Physician

Name

Address

Phone

Personal and/or Professional Reference

Name

Address

Daytime Phone

Have you ever been convicted of any misdemeanor offense (excluding traffic violations) within the last five (5) years?
yes _____ no _____ If yes please explain _____

Have you ever been convicted of a felony:
yes _____ no _____ If yes please explain _____

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability or veteran status.

My signature below authorizes the release of reference information and affirms all the facts set forth in my application for volunteering are true and complete. I understand that if accepted, false statements, omissions, or other misrepresentation by me on this application may result in immediate dismissal.

Thank you for completing this application form and for your interest in volunteering with us. All the information recorded above is considered confidential.

Signature _____

Date _____