



VOLUNTEER APPLICATION

(Circle one) Mr. Mrs. Ms. Miss.

Last Name _____ First Name _____ Initial _____

Address _____

City _____ State _____ Zip _____ Home phone _____

Cell phone _____ Email address _____

Are you 18 or older? Yes No (If under 18 – Birthdate: Month _____ Date _____ Year _____)

Parent or Guardian Name _____ Phone _____

In case of emergency, person to notify: _____ Relationship _____ Phone _____

Do you have any physical condition or medical problem that may require special accomodation?

Yes No If yes, please explain: _____

CATEGORY: (Check all that apply)

Adult Volunteer

College Student Name of College _____ Degree/Major _____

Will you be receiving academic credit? Yes No

High School Student Name of School _____ Graduation Year _____

Is volunteering required for school credit? Yes No If yes, hours required? _____

Freshman Sophmore Junior Senior Other

WORK EXPERIENCE

Current or Last Employer _____ Occupation _____

Work Phone _____ May we contact you at work? Yes No

Are you or have you ever been an employee of Forum Health? Yes No

If yes, where do you or did you work? _____

VOLUNTEER EXPERIENCE

Please describe your volunteer experience (if any): _____

Have you ever been a volunteer for Forum Health before? Yes No

If yes, please give the dates and department in which you worked. _____

HOBBIES, SKILLS, SPECIAL INTERESTS

CLUBS AND ORGANIZATIONS

HOW DID YOU HEAR ABOUT FORUM HEALTH'S VOLUNTEER PROGRAM, AND WHY ARE YOU INTERESTED IN VOLUNTEERING AT FORUM HEALTH?

VOLUNTEER INTEREST

I want to volunteer:

- In a clinical unit
- In a pediatric clinical unit
- In a waiting room
- To greet/escort patients
- To deliver flowers/mail
- Other _____
- Hospice/Camp Falling Leaf
- To help in an office
- With the Gift Shop/Gift Cart
- Healing Arts
- No Preference

My talent is _____

Day(s) and time(s) you would like to volunteer: _____

Do you have transportation? _____ Car _____ Bus _____ Other

REFERENCES

| | | |
|----------------------|----------------------|----------------------|
| 1. Name _____ | 2. Name _____ | 3. Name _____ |
| Relationship _____ | Relationship _____ | Relationship _____ |
| Address _____ | Address _____ | Address _____ |
| City/State/Zip _____ | City/State/Zip _____ | City/State/Zip _____ |
| Day Phone _____ | Day Phone _____ | Day Phone _____ |

STATEMENT OF UNDERSTANDING

I wish to become a volunteer at Forum Health with an understanding of the following:

- ◆ I understand that the completion of an application, interview and background check (students under 18 are exempt) is required of all applicants.
- ◆ I understand that I will commit to a designated time schedule to volunteer and will complete an orientation and training.
- ◆ I understand that state and national hospital regulatory agencies require that Forum Health Volunteers receive an annual review of orientation and training each year and have an annual TB test. Failure to do so will result in temporary suspension from the Volunteer Services until completed.
- ◆ I understand that I am obligated to comply with the responsibilities, rules and procedures as outlined in the volunteer handbook and to perform the duties expected of me to the best of my ability.
- ◆ I understand that a prerequisite to volunteer service is the ability to hold as absolutely confidential all information relating to patients and/or staff that I may hear, see, read or otherwise acquire except what is appropriate to discuss with staff in a private setting. State and federal laws prohibit any unauthorized release of personal information. Any breach of confidentiality is immediate grounds for dismissal.

I certify that the information on this application is true and complete and I understand that false statements may be considered grounds for termination. My signature indicates approval for Forum Health to contact references. I understand that Forum Health is not obligated to provide a placement, nor am I obligated to accept the position offered. If I do accept a position I agree to follow the established policies of Forum Health and the volunteer department and that my work is without benefit of monetary compensation.

Applicant's Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Please return application to hospital preference:

- Forum Health at Home
3530 Belmont Ave.
Suite 7
Youngstown, Ohio 44505
330.884.2500
- Hillside Rehabilitation Hospital
8747 Squires Lane NE
Warren, Ohio 44484
330.841.3784
- Northside Medical Center
500 Gypsy Lane
Youngstown, Ohio 44501
330.884.3706
- Trumbull Memorial Hospital
1350 E. Market St.
Warren, Ohio 44482
330.841.9427

For Volunteer Office Use Only

Date Application Received: _____

Background Check Received: _____

Interview Date: _____ By: _____

Orientation Date: _____ By: _____

Starting Date: _____

Assigned to: _____

Schedule Day & Hours: _____

Comments:

Qualified applicants are considered for all positions without regard to race, color, religion, national origin, sexual orientation, age, gender or handicaps.