



## Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Preferred Phone for contact:  Cell  Home  Either

**Personal Information: (please circle correct response)**

Gender: Male Female

**Physical Limitations:** No Yes (please explain)

\_\_\_\_\_

**Former/Current Employer:** \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupations /Offices held \_\_\_\_\_

**List previous volunteer experience** \_\_\_\_\_

**Languages:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Volunteer Availability:**

Number of Days per week: 1 2 3 4 5 Morning Afternoon Evening Weekends

Contact in case of emergency:

\_\_\_\_\_  
(Name) (Relationship) (Home Phone) (Work/Cell Phone)

\_\_\_\_\_  
(Name) (Relationship) (Home Phone) (Work/Cell Phone)

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever volunteered for this organization before? \_\_\_\_\_

Education \_\_\_\_\_

Please give any other information you feel pertinent to you application\_\_\_\_\_

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Personal or Professional References (Other than relatives):

1. Name\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

2. Name\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Interests/Skills:

Office:  Using copier  Filing  Computer  Cash Register

Physical:  Driving personal/hospital vehicle  Pushing wheelchair  Lifting boxes

Communication:

Public Speaking  Journalism  Public Relations  Calligraphy  Graphic Arts  Sign language  Photography

Other \_\_\_\_\_

Patient Care Services:

Messenger Service  Read to Patients  Visiting/Listening  Sitting with patients

Other \_\_\_\_\_

Personal Skills to Use or Teach:

Drawing  Painting  Knitting  Crocheting  Sewing  Gardening  Baking

Other Crafts \_\_\_\_\_

Musical Instrument (specify) \_\_\_\_\_

Additional Skills or comments\_\_\_\_\_

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The Above Information is Accurate and Correct to the Best of My Knowledge.

Signature\_\_\_\_\_Date\_\_\_\_\_

Your signature indicates your approval for us to check references and contact your physician regarding your physical and emotional health. The organization is not obligated to provide a placement, nor are you obligated to accept the position offered.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

**Do not write below this line.....**

**Start Date:** \_\_\_\_\_

**Signature of Gift Shop Manager** \_\_\_\_\_

**Completely fill out, sign and date forms and return to:  
Nancy Nickoli, Volunteer Coordinator/Gift Shop Manager  
1400 W. Main Street, Bellevue, OH 44811  
Phone: 419.483.4040, Ext. 4408**