



THE BELLEVUE HOSPITAL
Quality Care, Close To Home

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_____

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_____

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:
Dorie Partyka, Volunteer Coordinator
1400 W. Main Street, Bellevue, OH 44811
Phone: 419.483.4040, Ext. 4625**