



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 #) | | Cell Phone |
| Date of Birth | | Social Security # (last four digits only) | | |

Education and Work Experience

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

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 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 child life preferred.

Technology, Data and Office Work: These volunteers assist administration staff in different offices, such as development, volunteers and marketing and communications, 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 #152
3229 Burnet Avenue, Cincinnati, Ohio 45229-3095

For Office Use Only

- Hospital Videos
- Tour
- Data Bases (Indv, group, email, couple)
- HIPAA
- Health Form
- Sign-in Book
- Orientation
- Parking Permit
- Background Check
- Badge
- Application to Dept.
- 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.

Person To Be Notified In Case of Accident or Emergency

| | | |
|--------------|------------|------------|
| Name | | |
| Address | | |
| Home Phone | Work Phone | Cell Phone |
| Relationship | | |

Personal Physician

| |
|---------|
| Name |
| Address |
| Phone |

Personal and/or Professional References

| | |
|---------------|---------------|
| Name | Name |
| Address | Address |
| Daytime Phone | 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 _____