


# Nationwide Children's Hospital Volunteer Application

## Section I - Personal Information:

7/09

Please Print 

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Check here if we can call you at work Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate Relationship: \_\_\_\_\_

### Please mark the times that you are available to volunteer.

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

### Please select the program(s) you are interested in.

Main Campus Volunteer

Close To Home Volunteer

Reach Out and Read--

\_ Volunteer Reader

\_ Music Volunteer

Hospice

Corporate/Civic Group

Are you volunteering as part of a group?

Name of Group \_\_\_\_\_

### Please select the type of volunteer activity you are interested in.

Clerical/Office

Patient Interaction

Support Services (info desk, gift shop, etc.)

### How did you hear about Children's Hospital?

Friend

Hospital Employee

Volunteer

Newspaper

Internet

Other \_\_\_\_\_

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## Section II – Volunteer Interests and Experience:

What would you like to do as a volunteer at Nationwide Children's Hospital? \_\_\_\_\_

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Why would you like to volunteer for Nationwide Children's Hospital? \_\_\_\_\_

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What do you enjoy most in a volunteer assignment? What do you wish to avoid? \_\_\_\_\_

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Are there any specific interests that you wish to pursue as a volunteer? \_\_\_\_\_

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Some volunteer jobs require volunteers to work independently without direct supervision. Do you prefer to have a supervisor readily available or are you comfortable working alone? \_\_\_\_\_

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Please list any applicable education or work experience that you have.

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Please list any additional skills we might like to know about.

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Please list any other volunteer experience you may have.

Name of Organization

Dates

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# Volunteer Position Application

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## Section III – Background Reference:

*A background check will be performed prior to acceptance into this volunteer program.*

Have you ever been convicted of a felony or misdemeanor?       Yes       No

If yes, please complete the following for each:

Offense: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

Explain: \_\_\_\_\_

Conviction records will not necessarily be a bar to volunteer opportunities; however, failure to disclose may result in the inability to volunteer at Nationwide Childrens Hospital. Factors such as age at the time of offense, seriousness and nature of the violation and rehabilitation will be taken into account as prescribed in Senate Bills 38 and 160.

**Provide three references that are familiar with your qualifications. A mailing or e-mail address is required to send references. No family members please.**

**Name**

**Mailing Address or Email Address**

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Permission to Verify Content:

I \_\_\_\_\_ (applicant) hereby authorize verification of all statements herein and release Nationwide Children's Hospital and all others from liability in connection with same.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## Please return to:

Family and Volunteer Services  
Nationwide Children's Hospital  
700 Children's Drive  
Columbus, Ohio 43205-2696

Email – [volunteering@NationwideChildrens.org](mailto:volunteering@NationwideChildrens.org)  
Phone – 614-722-3635  
Fax – 614-722-3641