



Special Event Volunteer Application

Thank you for your interest in volunteering for special events benefiting Nationwide Children's Hospital. Please complete the following.

Contact Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Best way to contact you? Phone Email If phone, best day/time to call? _____

Employer _____ Job Title _____

Emergency Contact Name _____ Phone _____

Are you an organization representative interested in notifications of group volunteer opportunities? Yes No

No

If yes, how many volunteers are available from your organization? _____

Volunteer Information

What type of events are you interested in? (check all that apply)

Auctions/Raffles Golf Outings Luncheons/Dinners Walks/Runs Other Sports-Related

Parties/Galas Radiothon/Telethon Theater Other _____

What types of activities are you interested in? (check all that apply)

Stuff/Assist with Mailings Make Phone Calls Man Event Registration Table

Help Event Vendors/Participants Event Set-Up/Tear-Down

Serve on Event Committee Chair Event Other _____

What is your availability? (check all that apply)

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____ Other _____

Please share any other information about your availability (i.e. able to work from home, more time in June and July, etc.) _____

Please describe your skills and experience you feel have best prepared you for a volunteer experience (including any past volunteer experience). _____

Why do you want to volunteer with Nationwide Children's Hospital Foundation? _____

Please share any other information of which we should be made aware. _____

Organization Information

Are you volunteering with/for your: Work School Church Other: _____

If you would like us to report your volunteer efforts, please provide contact information for your organization:

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Signature of Applicant _____

If 18 years or under, you must complete:

Name of Parent/Guardian _____ Contact Phone Number _____

Signature of Parent or Guardian _____

Thank you for completing the Special Event Volunteer application. We appreciate your interest in supporting the mission of Nationwide Children's Hospital. A member of our staff will contact you regarding volunteer opportunities.

Return Entire Application to:

Nationwide Children's Hospital Foundation
ATTN: Special Events
700 Children's Drive
Columbus, OH 43205

Phone: 614.355.0888
Fax: 614.355.0872