

Special Event Volunteer Application

Contact Information

First Name *

Middle Initial *

Last Name *

Address *

City *

State *

Phone Number *

Email Address *

Employer

Job Title

Emergency Contact Name

Emergency Contact Phone

Volunteer Information

What inspired you to volunteer with Nationwide Children's Hospital Foundation?

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

You must be 18 or older to be a special event volunteer. I affirm that I am over the age of 18.

Please e-mail this form to Giving@NationwideChildrens.org or mail to:

Nationwide Children's Hospital Foundation

Attn: Special Event Volunteering

P.O. Box 16810

Columbus, Ohio 43216-6810



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.SM