



# Application for Volunteer Services

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

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

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

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

Home/Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address (If Applicable): \_\_\_\_\_

Best Way to Reach You (Circle One):      Phone      Text      Email

If presently employed, name of employer: \_\_\_\_\_

Spouse Name, if applicable: \_\_\_\_\_

Contact in Case of Emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

How did you become interested in our volunteer program?

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

Volunteer Experience:

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

Work Experience:

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

Personal or Professional References (please exclude relatives):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Interest/Skills: Please indicate which areas interest you, as a volunteer.

\_\_\_\_\_ Gift Shop \_\_\_\_\_ Welcome Center

\_\_\_\_\_ Visiting with Patients \_\_\_\_\_ Office Tasks

\_\_\_\_\_ Nutrition Services \_\_\_\_\_ Housekeeping

Additional Skills or Areas of Interest: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Preferred Schedule (circle): Monday Tuesday Wednesday Thursday Friday / AM or PM

**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. Your signature does not obligate Henry County Hospital to provide a placement, nor are you obligated to accept the volunteer position offered.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex or disabilities.

Your returned application will remain open for two months. If we do not hear back from you before the end of the two months, your application will closed. Should you still wish to volunteer after that, you are welcome to reapply.

Email Completed Application to Michelle Rychener at [micheller@henrycountyhospital.org](mailto:micheller@henrycountyhospital.org) or

Mail application to:

Katie Meyer

Henry County Hospital

1600 East Riverview Avenue

Napoleon, Ohio 43545