

OhioHealth Berger Hospital

Return completed application to the attention of Tracy VanHorn at tracy.vanhorn@ohiohealth.com or the address below:

Address: 600 North Pickaway Street, Circleville 43113 **Phone:** (740) 420.8353 **Fax:** (740) 420.8671

Application Date: _____

Name: _____ Other Names Used: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____

Zip: _____ Date of Birth: _____ SSN: _____

If currently employed, name of company: _____

Position: _____

Work Days/Hours: _____

If student, name of school/college: _____

Have you ever been employed by this organization? If yes, give position and dates:

Volunteer Availability

Days: _____ Times: _____

Have you ever volunteered for this organization? Yes: ____ No: ____

Why would you like to volunteer for this organization? _____

Do you have any other volunteer experience? If yes, give organization and dates:

Have you ever been convicted of a crime (excluding a minor traffic violation involving a fine of \$300 or less)? Yes: ____ No: ____ If yes, provide details: _____

Personal or Professional References (please exclude relatives)

Reference Name: _____ Phone: _____

Address: _____ State: _____ Zip _____

Reference Name: _____ Phone: _____

Address: _____ State: _____ Zip _____

How did you hear about us? _____

Skills and areas of serving which interest you (please check all that apply)

Clerical Skills: Typing ___ Filing ___ Phone/Receptionist ___ Computer ___ Copier ___

Data Entry ___ Mailings ___ Emailing ___

Communication Skills: Greeting Patients/Visitors ___ Public Speaking ___ Photography ___

Foreign Language ___ Community Events ___

Patient Care Areas: Wheelchair Transport ___ Message Service ___ Read to patients ___

Deliver Mail ___ Flower Delivery ___ Visiting/listening ___ Other _____

Additional Skills/Comments: _____

In case of emergency:

Family Physician: _____ Phone: _____

Emergency Contact Name: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Opportunities for volunteers are provided without regard to religion, race, national origin, ancestry, sex, age (40+ older), disability or military status. This organization is not obligated to provide a placement, nor are you obligated to accept one. I understand that I am seeking to volunteer my time for civic, charitable, or humanitarian reasons, and I will not be paid for my efforts.

Signature _____ Date _____

If minor, parent's signature _____ Date _____

For office use only: Interview Date _____ Orientation Date _____ Start Date _____