



Volunteer Services
 One Wyoming Street
 Dayton, Ohio 45409
 (937) 208-2879

Orient Date:
 Area:
 Start Date:
 M / F

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Please Print All Information

Name: (Last)		(First)	
Date of Birth:	Email:	Phone:	
Address:			
City:	State:	ZIP Code:	
Marital Status: (Circle One) Single Divorced Widowed Married (Please list spouse's name:)			

EMPLOYMENT INFORMATION

Current or last employer:		
Employer address:		How long?
City:	State:	ZIP Code:
Phone:	Occupation:	

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

EDUCATION

Please Circle All That Apply:	High School/GED	Vocational or Professional	College
Current Student Yes/No School Attending			
Major		Graduation Year	

PLEASE LIST REFERENCES

Name	Occupation	Phone

HOW WERE YOU REFERRED TO MIAMI VALLEY HOSPITAL VOLUNTEER SERVICES

Please Circle All That Apply:			
Friend or Relative	Another Volunteer	Employee	
MVH Recruitment	MVH Blood Pressure Check	MVH Brochure	Other:

PREVIOUS VOLUNTEER SERVICE

Where	When
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HAVE YOU EVER BEEN CONVICTED OF A FELONY

Yes / No	If yes, when:
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SIGNATURE

Signature of applicant:	Date:
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TO BE COMPLETED BY VOLUNTEER SERVICES

Interviewed By: _____ **Date:** _____

Orientation (will cover)

- | | | |
|--------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Handbook | <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Accident Reporting |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> Confidentiality |

Interview Notes:

Assignment:

Training Dates/Trainer:

Security/ID Badge:

Sign-In Record:

Follow Up: / **Letter Sent** _____