



OHIO VETERANS HOME VOLUNTEER APPLICATION

PERSONAL INFORMATION

DATE _____

Name _____ Social Security Number _____
Last First Middle

Address _____ Telephone _____
Street City State Zip

Business Phone _____ Make and Model of Car _____ License # _____

Emergency Contact _____ Telephone _____ Relationship _____

MISCELLANEOUS INFORMATION

Have you ever served as a volunteer before? _____ If yes, when and where? _____

Do you have any physical limitations? _____ If yes, explain _____

Are you presently under a doctors care? _____ Are you taking any medications? _____

Have you ever been convicted of a felony? _____ Date Of Birth ____/____/____ Do you have any allergies? _____

Educational/Special Training _____

Community Affiliations/Clubs _____

Hobbies/Special Interests _____

SERVICE INFORMATION (Please circle all that apply)

Preferred Day: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Preferred Time: Morning Afternoon Early Evening

I plan to serve for: 3 Months 6 Months 9 Months Indefinitely

REFERENCES: Please list three persons not related to you.

NAME

ADDRESS

PHONE

1. _____
2. _____
3. _____

VOLUNTEER CONFIDENTIALITY AGREEMENT

I certify that I have read and received a copy of The Patients' Bill of Rights. I understand that all information told to me or overheard is confidential and that I am forbidden to discuss this information with any person. I have been made fully aware that a breach of confidentiality could expose me to the risk of a legal action by the patient and could mean my immediate dismissal as a volunteer.

Volunteer Signature _____ Date _____

VOLUNTEER AGREEMENT

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteer services as may be necessary in arriving at a placement decision. I fully realize that my volunteer service in no way commits Ohio Veterans Home to future employment. I also certify that I have been given a copy of all policies and procedures and have had these fully explained to me.

Volunteer Signature _____ Date _____