



# Marymount Hospital

a Cleveland Clinic hospital

## Adult Volunteer Application

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Birth Date (Year Optional): \_\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

If presently employed,

Name of Firm: \_\_\_\_\_

Position: \_\_\_\_\_

### Work Hours & Days:

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>

How did you become interested in our program? \_\_\_\_\_

Have you volunteered for this organization before? \_\_\_\_\_

Education: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Please indicate any hobbies, skills, special interests, or foreign/sign language skills that you may have:

### When are you available? (Please check off applicable boxes)

<i>Year-Round</i>		<i>Summer</i>		<i>Fall</i>		<i>Winter</i>		<i>Spring</i>		
<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thurs</i>	<i>Fri</i>	<i>Sat</i>	<i>Sun</i>				
<i>Full Day</i>		<i>Mornings</i>		<i>Afternoons</i>		<i>Evenings</i>				

**PLEASE FILL OUT BOTH SIDES**

## References

Please list the names of people that we have your permission to contact (excluding relatives). At least one (1) employment reference is desirable.

\_\_\_\_\_  
(Name) (Address) (\_\_\_\_\_) - \_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Name) (Address) (\_\_\_\_\_) - \_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Name) (Address) (\_\_\_\_\_) - \_\_\_\_\_  
(Phone)

Do you have a valid Ohio Driver's License? \_\_\_\_\_

Limitations related to health: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_

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

Have you ever been convicted of anything other than a minor traffic violation? \_\_\_\_\_

If yes, please give the date, place, charge, and disposition: \_\_\_\_\_

I understand that any misleading or any incorrect statements may render this application void and would be cause for immediate dismissal in the event of placement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO  
RACE, RELIGION, ETHNIC ORIGIN, AGE, OR SEX.

ASSIGNMENT: \_\_\_\_\_

DAY/TIME: \_\_\_\_\_

START DATE: \_\_\_\_\_