

AULTMAN

VOLUNTEER SERVICES

Aultman Hospital Volunteer Services Summer Student Application

Please fill out the following information:

Date: _____ Name: _____

Social Security #: _____ Cell Phone Number: _____

Address: _____ City: _____ Zip Code: _____

School: _____ Grade: _____ Grade Average: _____

Email: _____ Birth Date: _____

Father's Name: _____ Place of Employment: _____

Phone: _____

Mother's Name: _____ Place of Employment: _____

Phone: _____

Have you ever done volunteer work? Yes/No If so, where? _____

Are you playing any sports over the summer? If so, please list: _____

Will you be employed while volunteering? If so, please provide your schedule:

Are you presently considering a health care career? Yes/No If so, what? _____

Do you have any medical conditions you think we should be aware of? _____

Are you willing to volunteer where there is the most need? Yes/No

Can you commit to a 4-hour shift once a week, M-F? Yes/No Please choose a shift: _____ 8am-12pm
_____ 12pm-4pm

Do you have dependable transportation to and from the hospital? Yes/No

Do you accept that there will be certain requirements in connection with your training and assignment that must be met? Yes/No

Parent or Guardian signature: _____

Applicant signature: _____

Please see attached forms for additional information.

After all forms are filled out and signed, please mail them back to: Aultman Hospital Volunteer Services 2600
6th St SW Canton, OH 44710

For office use only: Received: _____ Interview: _____ Orientation: _____

Please contact Lee at lee.kenny@aultman.com to schedule an interview. Appointments will be taken Monday – Friday from 9am-2pm.



Aultman Hospital Volunteer Services
2600 6th Street SW
Canton, OH 44710
Phone: 330.363.6368
Fax: 330.580.5537

PHYSICIANS FORM

This form must be signed by physician before the first day of volunteering.

CONFIDENTIAL

To: The Director of Volunteer Services

(Volunteer)

(Address)

(City, State, Zip Code)

The above named is free from contagious disease, and there is no *mental or physical* contra-indication to her/his performing volunteer activities at Aultman Hospital.

Remarks: _____

(Physicians Signature)

(Print Physicians Name)

Date: _____

Revised 2/2016



Aultman Hospital Volunteer Services
Summer Student Parental Consent for TB Testing
(Only if under 18 years of age)

I, _____ (*name of parent, custodian, or guardian*), residing at
the following address _____,
certify that I am the _____ (*parent, parent, custodian, or
guardian*) of _____ (*name of minor/volunteer*), residing at the
following address _____,
who is now _____ years of age. I authorize and give consent to Aultman Hospital, as part
of the teenage volunteer program, to test _____ (*name of
minor/volunteer*) for tuberculosis (TB testing).

Date _____

(*Print name of parent, custodian, or guardian*)

(*Signature of parent, custodian, or guardian*)



Aultman Hospital Volunteer Services Summer Student Volunteer Recommendation

(Please note: If not a high school student, please submit 3 references. Please include name, address, phone number and email address)

Re: _____

Dear Counselor:

The above-named student has completed an application at Aultman Hospital for a summer student volunteer. We appreciate your candid evaluation of this student's qualifications from your experience with him/her as a student. This information will not be shared with the applicant. Please return to the volunteer department.

Thank you,
Aultman Hospital Volunteer Services
Attn: Lee Kenny
2600 Sixth Street SW
Canton, Ohio 44710

CONFIDENTIAL

1. Is student presently enrolled? _____ Grade _____
2. Attendance Record _____
3. Character _____
4. Appearance _____
5. Emotional Adjustment _____
6. Grade Point Average _____
7. Dependability _____
8. Limitations (Physical, Social, Mental) _____
9. Would you recommend this person for volunteer work? _____
10. Comment: _____

Signed _____

Date _____

Title _____

Name of School _____



Summer Student Essay Questions

Please type question/answers on a different paper.

1. Why do you want to volunteer and what do you hope to gain from the experience?
2. What do you think are the most important qualities for a successful volunteer and how do you possess these qualities?
3. How do you plan to balance your volunteer work with your school or work schedule?
4. Can you share an experience where you had to work as a team towards a common goal and what was your role in that team?
5. What do you think is the role of volunteers in the community and how can volunteering benefit both the community and the volunteer?