



Aultman Hospital Volunteer Services Summer Student Application

Date _____ Name _____

Social Security # _____ Your Cell Phone Number _____

Address _____ City _____ Zip Code _____

School _____ Grade _____ GPA _____

Email _____ Birth Date _____

Father's Name _____ Place of Employment _____ Phone _____

Mother's Name _____ Place of Employment _____ Phone _____

Have you ever done volunteer work? _____ If so, where? _____

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

Will you be employed while volunteering? If so, please tell me your schedule. _____

Are you presently considering a health care career? _____ 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? _____

Can you commit to a 4-hour shift once a week, M-F? _____ 8am-12pm _____

Do you have dependable transportation to and from the hospital? _____

Do you accept that there will be certain requirements in connection with your training and assignment that must be met? _____

Signature of Parent or Guardian

Signature of Applicant

~SEE ATTACHED FORMS~

After all forms are filled out and signed, 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 – Thursday 8am-12pm



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 your 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: _____



Aultman Hospital Volunteer Services
VolunTeen Parental Consent for TB Testing

I, _____ (*name of parent, custodian, or guardian*), residing at the following address _____, certify that I am the _____ (*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). This is a one-time blood draw.

Date _____

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

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



Aultman Hospital Volunteer Services Teen Volunteer Recommendation

Re: _____

Dear Counselor:

This student has applied to volunteer at Aultman Hospital. We value your honest assessment of this student's qualifications based on your experience with him/her during their time as a student. This information will not be shared with the applicant.

Thank you,

**Volunteer Services
2600 6th Street SW
Canton, OH 44710
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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 Volunteer Essay Questions

Answers must be typed on a separate sheet of paper.

1. Reflect on the factors that motivated you to engage in summer volunteer activities. What inspired your decision to give back to the community? Share a specific moment or experience that ignited your interest in volunteering.
2. Discuss the personal changes you've noticed in yourself since starting to volunteer. How has your perspective on life or your community evolved? Share a specific example that illustrates the impact volunteering has had on your character or values.
3. Take us through a typical day as a high school student volunteer during the summer. What tasks or projects do you engage in? How do you balance your time between volunteering and personal commitments? Share insights into the practical aspects of your volunteer experience.
4. Explore the social aspects of volunteering during the summer. How has your involvement in volunteer activities affected your relationships with friends and classmates? Share a story about collaboration or teamwork during a volunteer project and its impact on your social connections.

AULTMAN
CONSENT FOR PHOTO,
VIDEO OR SOUND RECORDING

My name is (or I am the legal representative, guardian or parent of) _____. I am (or he/she is) a patient at, or visitor to Aultman Hospital or one of its related entities ("Aultman"). I give my permission to Aultman (or _____) to take still or moving pictures and to make audio recordings of me (or my child or ward) during the time period from **May 1, 2025** to **September 15, 2025** while I am (or he/she is) present at Aultman.

I understand that these images, moving pictures and audio recordings may be (1) associated with my name (or the name of the person for whom I am the legal representative, guardian or parent) and (2) used and reused by Aultman or any of its related companies for: medical documentation, research and/or education; public relations; electronic or paper publication; marketing or any other legal purpose. I also understand that I can request the process of filming, videotaping or audio recording to stop at any time.

I understand that no medical care of any patient is dependent on my agreement to this process, and that I am free to refuse. Further, I understand that once images, moving pictures and/or audio recordings are disclosed outside of the Aultman setting, they may no longer be protected by federal privacy laws.

I understand that I can withdraw my consent for the use of images, moving pictures and audio recordings as long as I do so prior to 72 hours before the date/time of use. I also understand that there may be situations where this is not feasible or even possible, such as (for example): (1) when the intended use is less than 72 hours after the recording is made or pictures taken, or (2) Aultman has expended considerable time and/or expense in reliance on this consent.

I promise not to file a lawsuit against any Aultman Health Foundation entity or any of its employees, directors or agents, or hold any of them responsible for properly and in good faith doing any of the things above for which I have freely given my permission.

I have read and understand this form.

Name: _____ Date/Time: _____

Witness: _____ Date/Time: _____