



# 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](mailto:lee.kenny@aultman.com) to schedule an interview.  
Appointments will be taken Monday–Thursday 8 a.m.-Noon



Aultman Hospital Volunteer Services  
2600 6<sup>th</sup> 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
Phone: 330.363.6368
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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. Describe a time in the past year when you made a commitment that was inconvenient or difficult to keep. What was the commitment? What made it difficult? Did you follow through? What did you learn about yourself in the process?
2. Describe a situation where you had to follow rules you did not fully understand or agree with. How did you respond? Did you comply? Did you ask questions? What did you learn from that experience?
3. Imagine you are volunteering and a staff member corrects you in front of others. Describe how you would likely feel in that moment. What you would do immediately afterward and how you would handle the situation later that day?

**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, 2026** to **September 15, 2026** 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: \_\_\_\_\_

CONSENTS