AULTMAN
VOLUNTEER SERVICES

Aultman Hospital Volunteer Services
Summer Student Application

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? _________ 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? ____________ Please choose a shift: _____8am-12pm _____12pm-4pm

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

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

~FOR OFFICE USE ONLY~

Received____________ Interview__________

Orientation ________________

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 person has made application at this hospital as a teenage volunteer. We appreciate your candid evaluation of this person'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______________________________________

Revised 2/2016