



Volunteer Application

Please check the box next to the ProMedica location you prefer to serve as a volunteer and return this application to that location.

If no fax number is listed, please call the volunteer department at that location for the appropriate application.

<input type="checkbox"/> Bay Park Hospital Volunteer Services 2801 Bay Park Dr. Oregon, OH 43616 Fax: 419-697-7951	<input type="checkbox"/> Bixby Hospital Volunteer Services 818 Riverside Ave. Adrian, MI 49221 Fax: 517-265-0872	<input type="checkbox"/> Defiance Regional Hospital Volunteer Services 1200 Ralston Ave. Defiance, OH 43512 Fax: 419-783-4423	Flower Hospital Volunteer Services Phone: 419-824-1019
<input type="checkbox"/> Fostoria Community Hospital Volunteer Services 501 Van Buren St. Fostoria, OH 44830 Fax: 419-436-6668	<input type="checkbox"/> Herrick Hospital Volunteer Services 500 Pottawatamie St. Tecumseh, MI 49286 Fax: 517-424-3916	Memorial Hospital Volunteer Services Phone: 419-334-6609	<input type="checkbox"/> St. Luke's Hospital Volunteer Services 5901 Monclova Rd. Maumee, OH 43537 Fax: 419-887-8701
Toledo/Toledo Children's Hospital Volunteer Services Phone: 419-291-3648	<input type="checkbox"/> Wildwood Orthopaedic & Spine Hospital Volunteer Services 2901 N. Reynolds Rd. Toledo, OH 43615 Fax: 419-697-7951	ProMedica Hospice Volunteer Services <i>(Please call for appropriate application.)</i> Phone: 419-824-7400	

Our mission is to improve your health and well-being.



Volunteer Application

Name _____ Date _____

Address _____

City / State / Zip _____

Home phone _____ Cell phone _____

Email address _____

Date of Birth _____ Soc. Sec. # (Last 6 digits) _____

Emergency contact _____

Relationship _____ Phone _____

Physician's Name _____ Phone _____

Physician's Address _____

Previous volunteer experience _____

Are you a student? No Yes If yes, name of school _____

If you are a student, there may be a different volunteer application you need to fill out.

Is this a school project/requirement? No Yes If yes, how many hours are required? _____

Please check the box next to the position you are interested in volunteering in. *(Please be aware not all positions are available at all ProMedica locations.)*

- Clerical Escort/Runner Gift Shop
- Reception/Information Patient Care Services Professional/Support Services

List three personal references with complete name *(not relatives)*, **complete street address** and phone number *(with area code)*.

1. _____
2. _____
3. _____

Have you ever been convicted of a crime? No Yes If yes, adverse information will be considered only as it relates to the particular area of volunteer service sought. Please be advised that any hospital volunteer may be subject to a criminal background check at any time.

The information provided on this application is accurate and correct to the best of my knowledge.

Signature _____ Date _____

(Your signature indicates your approval for us to check your references and to contact your physician regarding your health information.)

If the applicant is under the age of 18, a parent or guardian must sign.

I have read the information and I give permission for my son/daughter to volunteer at ProMedica. I further give my permission for my son/daughter to receive, if necessary, medical tests required of hospital volunteers including the pre-volunteer service health reference information. If an emergency arises while my son/daughter is on duty and reasonable attempts to contact me at the number above are unsuccessful, I give consent for the administration of treatment deemed medically necessary.

Signature of Parent/Guardian _____ Date _____

Please see the reverse side to select the ProMedica location you prefer to volunteer at. ⇨

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