



Mail to: Good Samaritan Hospital
Volunteer Services
375 Dixmyth Ave
Cincinnati, OH 45220

Bethesda North Hospital
Volunteer Resources
10500 Montgomery Road
Cincinnati, OH 45242

TriHealth Hospital Adult Volunteer Application (18 years & over)

Choose the name of the facility to which you are applying:

- Arrow Springs Bethesda Butler Hospital Bethesda North Hospital Bethesda Oak
- Good Samaritan Hospital Western Ridge Evendale Pavilion Other _____

Personal Information

Name _____
Last First Middle

Address _____
Number/Street Apt. # City State Zip Code

Birth Date _____ Social Security Number _____
(Month-Day-Year) (xxx-xx-xxxx) confidential for background check

Phone Numbers: Daytime Phone # _____ Alternate Phone # _____

Email _____

Educational Background (circle highest level completed)

High School 1 2 3 4 College/Business 1 2 3 4 5 6 _____
Name of School

Employment History (Briefly describe job duties/volunteer assignments)

Paid Work Experience	Volunteer Experience

Special Skills & Qualifications:

Summarize special skills and qualifications acquired from employment, volunteer work or other experience, such as hobbies, sports, etc.

Are you a part of an organized program where your volunteer hours will need to be reported? Yes No If the program is with a university please attach most current semester class schedule.

Reason for Volunteering _____

Areas of Interest _____

Times Available/Preferred _____ **Days Available** _____

How Did You Learn About Us?

_____ School _____ Brochure _____ Church _____ Website _____ Own Idea
_____ Newspaper _____ Friend/Relative (give name) _____
_____ Other (explain) _____

Person To Be Notified in Case of Accident or Emergency:

Name _____ Day Phone _____
Address _____ Work Phone _____
Relationship _____

Personal Physician

Name _____ Address _____ Phone _____

Have you been convicted of any misdemeanor offense (excluding traffic violations) within the last five (5) years?

Yes _____ No _____ If yes, explain _____
(Failure to report will result in termination)

Have you ever been convicted of a felony? Yes _____ No _____ If yes, explain _____

Personal and/or Professional References (please exclude relatives and give complete address)

1. **Name** _____ **Daytime Phone** _____ **Email** _____

Address _____
Number/Street Apt. # City State Zip Code

2. **Name** _____ **Daytime Phone** _____ **Email** _____

Address _____
Number/Street Apt. # City State Zip Code

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability or veteran status.

My signature below authorizes the release of reference information and affirms all the facts set forth in my application for volunteering are true and complete. I understand that if accepted, false statements, omissions, or other misrepresentation by me on this application may result in immediate dismissal.

Applicant's Signature

Date

Thank you for completing this application form and for your interest in volunteering with us. All the information recorded above is considered confidential.