



Wesley Glen
5155 North High Street
Columbus, Ohio 43214

Wesley Ridge
2225 Taylor Park Drive
Reynoldsburg, Ohio 43068

FOR OFFICE USE ONLY:

RECEIVED DATE: _____ INTERVIEW DATE: _____
ACKNOWLEDGED: _____ I.D. BADGE: _____
BACKGROUND CHECK: _____ REMINDER: _____

VOLUNTEER APPLICATION

Today's Date: _____

CAMPUS OF INTEREST: (PLEASE CHECK ONE OR BOTH)

WESLEY GLEN WESLEY RIDGE

LAST NAME		FIRST NAME		NICKNAME		HOME PHONE	
ADDRESS			CELL PHONE			WORK PHONE	
CITY, STATE, ZIP CODE				E-MAIL ADDRESS			
BIRTHDATE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		IF PRESENTLY EMPLOYED, NAME OF EMPLOYER			
HOURS PER WEEK				POSITION			
HAVE YOU VOLUNTEERED FOR THIS ORGANIZATION BEFORE? <input type="radio"/> YES <input type="radio"/> NO IF YES, WHEN AND WHAT CAPACITY?							
DAY AND TIME PREFERENCE TO VOLUNTEER. PLEASE CHECK ONE.							
<input type="radio"/> Weekdays Monday – Friday <input type="radio"/> Evenings Monday – Friday after 3p.m. <input type="radio"/> Weekends							
NAME OF SCHOOL			IS THIS A SCHOOL REQUIREMENT?			IF YES, HOW MANY HOURS REQUIRED?	
			<input type="radio"/> YES <input type="radio"/> NO				
OTHER VOLUNTEER EXPERIENCE?			IF YES, WHERE:			HOW LONG:	
<input type="radio"/> YES <input type="radio"/> NO							
CONTACT IN CASE OF EMERGENCY: LAST NAME				FIRST NAME			
RELATIONSHIP		HOME PHONE		WORK PHONE		CELL PHONE	
ANY LIMITATIONS RELATED TO HEALTH?							
<input type="radio"/> YES <input type="radio"/> NO				DO YOU RECEIVE AN ANNUAL FLU SHOT? <input type="radio"/> YES <input type="radio"/> NO			
IF YES, ARE THERE ANY REASONABLE ACCOMMODATIONS THAT CAN BE MADE?							
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="radio"/> YES <input type="radio"/> NO							
IF YES, PLEASE EXPLAIN:							
SKILLS THAT YOU HAVE TO OFFER: EXAMPLE: PIANO, CRAFTS, ETC.							
SIGNATURE				DATE			

By signing this volunteer application, I agree and acknowledge that (1) my volunteer services are donated to Methodist ElderCare Services without contemplation of compensation or future employment and are given purely for charitable reasons, (2) to be considered for a volunteer placement, I must commit to a minimum of three months and six hours of services, (3) I am consenting to a background check/fingerprinting and all other health assessment or screening activities required by applicable law or Methodist ElderCare policies, (4) Methodist ElderCare is not obligated to provide a volunteer placement, nor am I obligated to accept any volunteer placement that is offered, (5) volunteers may not spend Methodist ElderCare Services money or that of a resident, and (6) opportunities for volunteers are provided without regard to race, color, genetic information, religion, sex, sexual orientation, gender identity or expression, age, ancestry, national origin, veteran status, military status, pregnancy, disability, marital status or family status. Furthermore, I release Methodist ElderCare Services from any claim or liability or any injury or illness arising from my participation in any volunteer activity, and understand that Methodist ElderCare Services is not responsible for any related charges from any facility. Lastly, I agree and understand that the only way to receive paid employment is to apply through the human resources office.

When completed, please mail this application with your signed Applicant Authorization Form and Confidentiality Agreement to: Methodist ElderCare Volunteer Office, 5155 North High Street, Columbus, Ohio 43214. You will be notified within one to three weeks after your application has been processed. We welcome your interest!

Know. Understand. Care.