



CAMPUS OF INTEREST:			
<input type="radio"/> WESLEY GLEN	<input type="radio"/> WESLEY RIDGE	<input type="radio"/> WESLEY WOODS	<input type="radio"/> WESLEY HOSPICE

LAST NAME	FIRST NAME	PREFERRED NAME	TODAY'S DATE
PHONE NUMBER		EMAIL ADDRESS	
HOME ADDRESS			
DATE OF BIRTH		<input type="radio"/> MALE <input type="radio"/> FEMALE	
IF PRESENTLY EMPLOYED, NAME OF EMPLOYER		POSITION AND HOURS PER WEEK	
HAVE YOU VOLUNTEERED FOR THIS ORGANIZATION BEFORE? IF YES, WHEN AND IN WHAT CAPACITY? <input type="radio"/> YES <input type="radio"/> NO			
AVAILABILITY: <input type="radio"/> WEEKDAYS, DAY TIME <input type="radio"/> WEEKDAYS, EVENINGS <input type="radio"/> WEEKENDS			
IF PRESENTLY A STUDENT, NAME OF SCHOOL:	IS THIS A SCHOOL REQUIREMENT? <input type="radio"/> YES <input type="radio"/> NO	IF YES, HOW MANY HOURS ARE NEEDED?	
PREVIOUS VOLUNTEER EXPERIENCE:			
APPLICABLE SKILLS:			
CONTACT IN CASE OF EMERGENCY:			
LAST NAME:	FIRST NAME:	RELATION:	
HOME PHONE:	CELL PHONE:	WORK 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 ACCOMODATIONS THAT CAN BE MADE?			
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? IF YES, PLEASE EXPLAIN: <input type="radio"/> YES <input type="radio"/> NO			
SIGNATURE:			DATE:

By signing this volunteer application, I agree and acknowledge that (1) my volunteer services are donated to The Wesley Communities 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 The Wesley Communities' policies, (4) The Wesley Communities is not obligated to provide a volunteer placement, nor am I obliged to accept any volunteer placement that is offered, (5) volunteers may not spend The Wesley Communities' 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 The Wesley Communities from any claim or liability or any injury or illness arising from my participation in any volunteer activity, and understand that The Wesley Communities 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: Volunteer Office, 5155 N. High St., Columbus, OH 43214. You will be contacted within one to three weeks after your application has been processed. We welcome and thank you for your interest!