



VOLUNTEER APPLICATION

Ohio's Hospice (OHI) does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age if 40 or over, physical or mental disability, or any other characteristic protected by law.

Are you over the age of 18? Yes No

PLEASE FILL OUT THE FORM COMPLETELY

First Name _____ Middle _____ Last _____ Nickname _____
Address _____ City _____ State _____ Zip _____
Main/Primary Phone _____ Alternate Phone 1 _____ Alternate Phone 2 _____
E-Mail _____
Current or Former Employer _____

1. How did you hear about our volunteer program?

- Community Publication
- Facebook
- Newspaper Advertisement
- Hospice of Dayton Special Event/Fundraiser
- Hospice of Dayton Employee/Volunteer:
- Other:
- Hospice of Dayton Foundation
- VolunteerMatch.org
- Outreach Presentation/Fair
- Friend/Neighbor/Co-Worker: _____
Name
- RSVP (Butler/Warren Co)
- School/Community Organization
- Pet Therapy Program

2. Explain your interest in volunteering with Ohio's Hospice.

3. Special skills or training you are willing to share with us.

4. Volunteer service to other organizations in the last five years.

OVER 

5. List two personal references and complete the top portion of the reference forms. Give the form to persons **NOT** related to you and have personal knowledge of your qualifications to volunteer. Request the forms be completed within one week.

Name	Address	Phone	Relationship (not related to you)

OHI will also conduct the criminal background check in compliance with OHI's policy for all volunteer applicants.

I have been convicted of a crime? Yes No

Date	Crime	Plead	Court Disposition

As required, in order to volunteer with OHI, a 2 Step TB test will be performed.

Smoking is prohibited in all facilities used by and partnered with OHI. To eliminate residual smoke contact for our patients and customers, all staff are prohibited from smoking, on or off the campus and must not have an odor of residual smoke, while on work time. This policy applies to all colleagues, staff, students, contracted personnel, volunteers, and vendors.

Please confirm that you have read this statement and are willing to comply with this policy: Yes No

Please read carefully before signing

OHI retains the right to verify all information provided by me. In the process of such verification, I fully authorize OHI to contact any person, school, organization, or employer listed to disclose all information necessary to verify information or statements. I release all persons who disclose such information from any liability or damages to me or anyone acting in my name. I waive any written notice of the release of such information that may be required by any state or federal law. Any falsification, misrepresentation, or omission, whenever discovered, shall be considered legitimate and sufficient grounds for dismissal.

Volunteering with OHI is at-will. This means that I may stop volunteering at any time. Similarly, OHI may terminate my volunteering at any time, with or without cause.

Signature _____ Date _____

Please send or fax application to: **Volunteer Services Department**
 Ohio's Hospice of Dayton
 324 Wilmington Avenue
 Dayton, Ohio 45420
 937-256-9507 x1161 Fax 937-781-1318