



THE ARTHUR G. JAMES CANCER HOSPITAL COLLEGE VOLUNTEER APPLICATION

Name _____ **Date of Birth** ____/____/____
(Last) (First) (Middle)

Email Address _____

Quarter/Year Applying For (Circle): AU/WI/SP/SU _____ **Phone/Cell #** _____
(Year)

Local Address: _____
(Street) (City) (State) (Zip)

Emergency Contact: _____
(Name) (Relationship) (Phone #)

Are you willing to volunteer off-campus? Yes No **Currently attending:** OSU Other: _____

Academic Course of Study: _____ **School Rank (Circle):** Freshman/Sophomore/Junior/Senior

Have you previously volunteered at OSU Medical Center? If yes, where: _____

Reasons for volunteering at The James Cancer Hospital: _____

PLEASE INDICATE BELOW THE DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER.

VOLUNTEER SHIFTS ARE GENERALLY 2 HOURS. YOU MUST HAVE AT LEAST ONE 2-HOUR BLOCK OF TIME AVAILABLE IN ORDER TO BE PLACED. PLEASE DO NOT LIST TIMES YOU ARE IN CLASS, STUDYING, WORKING, AND DOING EXTRA-CURRICULAR ACTIVITIES, ETC. THERE IS AN ATTENDANCE POLICY FOR VOLUNTEERS.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Background Checks: We consider the safety and security of our patients to be of the utmost importance. We will conduct, at our cost, a criminal background check with state and/or federal agencies.

Have you ever been convicted of a felony or misdemeanor offense? Yes No

If yes, you must provide details. A conviction will not necessarily bar you from volunteer service. Please use this space to describe the offense: _____

Please read and sign below:

I understand The Ohio State University Medical Center is not responsible for illness or injuries encountered during my volunteer service or for payment to physicians or Emergency Department resulting there from. I understand and agree that in the performance of my duties as a volunteer of The Ohio State University Medical Center, I must hold in the strictest confidence any observations I may make or hear regarding clients, client families, or staff. I understand that intentional or involuntary violation of confidentiality may result in disciplinary actions, including termination by The OSU Medical Center and/or possible legal action by others (e.g. clients, their families, etc.). The Ohio State University Medical Center is not obligated to provide placement and I am not obligated to accept the position offered. My signature indicates my acceptance of the above.

 Signature _____
 Date