



1150 Colony Drive
Westerville, Ohio 43081
614-891-5055

Volunteer Application

Information

Name _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Work Phone _____
Zip _____ Date of Birth: _____ Email: _____

Have you taken a Tuberculosis skin test within the calendar year? Yes No
Have you ever volunteered with a nursing facility before? Yes No
Do you have any relatives currently in this facility? Yes No

Emergency Contact

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Availability

(Check all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What times would you be able to volunteer? _____

Activity Information

What kinds of activities are you interested in participating? _____

If selected to participate in our volunteer program, do you agree to abide by the rules and regulations established by this facility? Yes No

Signature: _____ Print your name: _____ Date: _____

Once finished please mail to 1150 Colony Drive Westerville, Ohio 43081 or return to the front desk.