



**Summa Akron City Hospital, Summa St. Thomas Hospital and Summa Rehab Hospital
ADULT VOLUNTEER APPLICATION**

Please note: If you are interested in an internship/job shadowing opportunity at Summa Health System, do not complete this application form. For more information, please contact Elizabeth Tomic at tomice@summahealth.org.

If you are 14 years to 18 years of age and still enrolled in High School and interested in our Teen LEAD Volunteer Program, please do not complete this application. You will need to contact our office directly to learn more about this opportunity at 330-375-3928.

Thank you for your interest in the volunteer program at Summa Health System. Please complete this application form if you are interested in becoming a volunteer at Summa Akron City Hospital, Summa St. Thomas Hospital, or Summa Rehab Hospital. To complete this application, you must be at least 18 years of age and no longer in high school. Once you complete the application form, click the continue button at the bottom of the screen.

If you are interested in becoming a Pastoral Care Volunteer, please complete the additional *Pastoral Care Volunteer Applicants Only* section on page six of this application. If you are selected for an interview, you will also be required to submit a copy of your Eucharistic Ministry certification(s) to the Pastoral Care Department

Qualified volunteer applicants are considered for all volunteer positions without regard to race, color, religion, sex, age, national origin, disability, or veteran status. Decisions on volunteer placement will be based solely upon an individual's qualifications, interests, availability, and Hospital needs. Volunteer positions at Summa Health System are not guaranteed to any individual applying to participate in the volunteer program.

As part of our volunteer application process, all volunteer applicants are required to consent to a criminal background check. If an applicant declines to authorize a criminal background check, they will not be considered for the volunteer program. Summa Health System uses a third party administrator to conduct criminal background checks. This process is conducted to verify the accuracy of the information provided by the applicant and determine his/her background as it relates to the volunteer program. All background check results are kept confidential and are only viewed by the Volunteer Services Department. Having a criminal history or a criminal conviction does not necessarily preclude volunteerism. The nature of the offense, the circumstances surrounding it and its relevance to a particular volunteer position are considered on a case-by-case basis. The Manager of Volunteer Services and/or Director of Community Reinvestment, in consultation with Legal Counsel, when necessary, evaluates the relevance of the criminal history of the individual being considered.

If you have any questions about our volunteer program or this application, please call us at (330) 375-3928. Thank you.

Personal Information

First Name: _____

Last Name: _____

Street Name 1: _____

Street Name 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

How Did You Hear About Us? _____

Are You A Current Summa Employee? Yes No

If yes, please let us know what position and what department you are currently working for:

Demographic Information

Solely to help us compile information used for data reporting, we invite you to complete the following information. **Please note that completion of this information is voluntary.**

Gender: Female Male

Marital Status: Single Married Civil Union Divorced Widow/Widower

Ethnicity: American Indian/Alaska Native Asian Black/African-American

Hispanic/Latino Native Hawaiian/Other Pacific Islander

Not Specified White/Caucasian

Military Status: Active Duty Inactive Duty Veteran No Military Service 2

Why Are You Interested In Volunteering

- To Connect with the Community To Enhance My Resume & Network
- To Develop Self-Esteem To Experience Something New
- To Feel Valued To Gain New Skills To Meet New People
- To Promote a Worthwhile Activity To Share My Skills Other-Specify Below

Briefly describe why you are interested in volunteering: _____

Education

Please choose your highest level of education, and list what school/college/university you attended.

- Highest Level of Education: Associates Degree Bachelors Degree
- Doctorate Masters Degree Some College- Current Student
- Some College- Not Continuing High School Degree

Highest Level School Attended: _____

Volunteer Experience

Please list your current or most recent volunteer experience, if applicable.

Are You Currently Volunteering?: Yes No

Please briefly describe your most recent volunteer experience and responsibilities here:

Work Experience

Please list your current or most recent employer, if applicable.

Employment Status: Currently Employed Former Employer Retired

Employer Name: _____

Please briefly describe your most recent work experience and your responsibilities here:

Skills & Interests

Please indicate any special skills, hobbies, interests or abilities that you have (i.e. General Office Assistant, Customer Service, Dancing, Sewing).

Professional Skills:

- | | | |
|---|---|--|
| <input type="checkbox"/> Copywriting | <input type="checkbox"/> Customer Service | |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Library Science | <input type="checkbox"/> Marketing/Promotion |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Recycling | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Special Event Planning | | <input type="checkbox"/> Strategic Planning Consultant |
| <input type="checkbox"/> Volunteer Recruitment & Training | | <input type="checkbox"/> Fundraising |

Arts & Entertainment:

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Craft making | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Play a Musical Instrument | <input type="checkbox"/> Singing | <input type="checkbox"/> Storytelling |

Administrative Support:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Computer Programs (Microsoft Office) | |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Filing | <input type="checkbox"/> General Office Assistance |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Telemarketing | <input type="checkbox"/> Mailings |

Communication:

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Calligraphy | |
| <input type="checkbox"/> Foreign Language – Arabic | <input type="checkbox"/> Foreign Language – Chinese | |
| <input type="checkbox"/> Foreign Language – French | <input type="checkbox"/> Foreign Language – German | |
| <input type="checkbox"/> Foreign Language – Italian | <input type="checkbox"/> Foreign Language – Spanish | |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Video Production | <input type="checkbox"/> Writing |

Please briefly describe any other skills, interests or languages here: _____

Availability & Assignment Preference

In this section, please indicate the days and times you will be available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 7:00a – 12:00p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 11:00a – 4:00p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening 3:00p – 8:00p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please briefly any volunteer assignment of interest here: _____

Pastoral Care Applicants Only

If you are applying for a Pastoral Care Volunteer Assignment, please provide the following information. If not, please skip to the next page (page 6):

Name of Clergy: _____ Clergy Phone Number: _____

Name of Faith Community: _____

Please list your related certifications (i.e. CPE, Eucharistic Ministry, ACPE, APC Certification, etc.)
You will be required to submit a copy of your certifications to the Pastoral Care Department as part of the interview process.

Emergency Contact

In the event of an emergency whom should we notify?

Emergency Contact 1:

First Name: _____

Last Name: _____

Street _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Relationship: _____

Emergency Contact 2:

First Name: _____

Last Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Relationship: _____

References

Please provide two (2) references. Examples of references are: supervisors, teachers, coaches, ministers, work references, or adult family friends. **If you are a Pastoral Care Volunteer Applicant, you must provide one reference from a present clergy person and one reference from a current/past employer.** References **cannot** include a family member. References are used to check the applicant's prior volunteer or work history, character, and fit for the volunteer program.

Reference 1:

First Name: _____

Last Name: _____

Street _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Relationship: _____

Reference 2:

First Name: _____

Last Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Relationship: _____

Background Information

Have you ever been convicted of any crime including misdemeanors and/or felonies?

For Crime Convictions Check Here: Yes No

If the answer to the above question regarding a conviction was "yes" please explain all convictions:

Volunteer Application Agreement

I understand that my signature below signifies that I have read the following information.

I understand and agree that submitting this application form does not automatically appoint me as a Summa Health System volunteer.

By submitting this form, I certify that all information I have supplied in this volunteer application and any other form required, oral or written is true and accurate. I agree that any misstated, misleading, incomplete, or false information is grounds for rejection of this application form, refusal to be accepted as a volunteer, withdrawal of an offer of volunteerism, or immediate discharge from the volunteer program without recourse, whenever and however discovered.

I understand the information I have provided in this application form may be verified to assess my suitability for volunteerism, including contacting persons or organizations named in this application as references, and by conducting a criminal background check. I authorize Summa Health System to obtain a criminal background record check from a third party administrator and consider such reports when making decisions about my volunteer application. I understand and agree that Summa Health System or any agent acting upon their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have.

I hereby agree to release and hold harmless Summa Health System, its directors, officers, employees, partners, and affiliate agents from any and all claims, damages, costs, expenses, liabilities, and losses including attorney fees and expenses arising from or related to Summa Health System processing or accepting this volunteer application.

I further understand and agree that Summa Health System is a "smoke free" environment and as such, smoking is prohibited by patients, volunteers, visitors, employees, and physicians throughout the interior and exterior premises.

Thank you for completing this volunteer application form and for your interest in volunteer opportunities with Summa Akron City Hospital, Summa St. Thomas Hospital, and Summa Rehab Hospital. All information receded above is considered confidential. We will contact you soon regarding the status of your application.

Signature

Date ⁷