



APPLICATION FOR VOLUNTEER SERVICES

NAME: _____

ADDRESS: _____ CITY: _____

ZIP: _____ PHONE: _____

Please indicate which day(s) and time(s) you would be available to volunteer.

	SUN	MON	TUES	WED	THURS	FRI	SAT
Mornings 8-12 pm							
Afternoons 12-4 pm							
Evenings 4-8 pm							

Which of the following volunteer services would interest you? Check all that apply.

- Clerical (Clinical Area)
- Clerical (Non-Clinical Area)
- Gift Shop Clerk
- Visitors Desk (Main Lobby)
- Mail Delivery

When is the best time of day to reach you at the phone number listed above? _____

When are you available to start volunteer service? _____

Signature

Date

PLEASE RETURN COMPLETED APPLICATION TO:

UH BEDFORD MEDICAL CENTER
44 BLAINE AVENUE, BEDFORD, OH 44146
ATTN: VOLUNTEER SERVICES