If you are 14 years to 18 years of age, still enrolled in high school, and interested in our teen volunteer program, please do not complete this application. You will need to contact our office directly to learn more about this opportunity at (330) 375-3247 or volunteer@summahealth.org.

Thank you for your interest in the volunteer program at Summa Health. Please complete this application form if you are interested in becoming a volunteer at any of our Summa Health Facilities. To complete this application, you must be at least 18 years of age and no longer in high school.

If you are interested in becoming a Pastoral Care Volunteer, please complete the additional Pastoral Care Volunteer Applicants Only section of this application. If you are applying to be an Extraordinary Minister of Holy Communion Volunteer, you will also be required to submit a copy of your Eucharistic Ministry certification(s) to Volunteer Services if selected for an interview.

Qualified volunteer applicants are considered for all volunteer positions without regard to race, color, religion, sex, age, national origin, disability, sexual orientation 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 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 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 Volunteer Services.

Please note 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 System Director or Manager of Volunteer Services, 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) 375-3247 or email us at: volunteer@summahealth.org.

Thank you for your interest!

Angela Smith
System Director, Volunteer Services
Personal Information

First Name: ________________________________________________________________

Last Name: ________________________________________________________________

Street Name 1: ______________________________________________________________

Street Name 2: ______________________________________________________________

City: ___________________________________________________ State: _____ Zip: _____________

Home Phone: _________________________ Cell Phone: ____________________________

Work Phone: __________________________

Email Address: ________________________________________________________________

Date of Birth: __________________________________________________________________

How Did You Hear About Us? _________________________________________________

Volunteered/Worked for Summa before? ☐ Yes ☐ No

Are You A Current Summa Employee? ☐ Yes ☐ No

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

__________________________________________________________

What location would you like to serve?: ☐ Summa Health System—St. Thomas Campus

☐ Summa Health System—Akron Campus ☐ Summa Health System—Barberton Campus

☐ Summa Health Wadsworth—Rittman Medical Center ☐ Summa Rehab Hospital

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: ☐ Male ☐ Female ☐ Other

Marital Status: ☐ Single ☐ Married ☐ Divorced

Ethnicity: ☐ American Indian/Alaska Native ☐ Asian ☐ Hispanic/Latino

☐ Black/African-American ☐ Native Hawaiian/Other Pacific Islander

☐ White/Caucasian ☐ Not Specified

Military Status: ☐ Active Duty ☐ Inactive Duty ☐ Veteran ☐ No Military Service
Why Are You Interested In Volunteering

☐ Delivering Mail and Flowers  ☐ To Enhance My Resume  ☐ Greeting and Transporting Patients
☐ Ignatia Hall Volunteer  ☐ Internship Opportunities  ☐ Pastoral Care
☐ Shadowing  ☐ To Experience Something New  ☐ Wagtime Program
☐ To Perform Clerical Duties  ☐ Visiting Patients and Families  ☐ Other-Specify Below

Briefly describe why you are interested in volunteering: ______________________________________
_____________________________________________________________________________________

Education

Highest Level of Education:
☐ Associates Degree  ☐ Bachelor’s Degree  ☐ Master’s Degree  ☐ Doctorate 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, and Sewing).

☐ Craft Making  ☐ Customer Service  ☐ Data Entry
☐ Filing  ☐ Fundraising  ☐ Mailings
☐ Marketing/Promotion  ☐ Mentoring  ☐ Photography
☐ Retail Sales  ☐ Volunteer Recruitment

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

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<th>Tuesday</th>
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<th>Thursday</th>
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<td><strong>Other</strong></td>
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Pastoral Care Applicants Only
If you are applying for a Pastoral Care Volunteer Assignment, please provide the following information. If not, please skip this section of the application:

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 Name 1: ______________________
Street Name 2: ______________________
City: ______________________________
State: ________    Zip: ______________
Phone 1: __________________________
Phone 2: __________________________
Email: _____________________________
Relationship: ________________________

Emergency Contact 2:
First Name: ________________________
Last Name: ________________________
Street Name 1: ______________________
Street Name 2: ______________________
City: ______________________________
State: ________    Zip: ______________
Phone 1: __________________________
Phone 2: __________________________
Email: _____________________________
Relationship: ________________________

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

For Criminal Convictions Check Here:  ☐ Yes   ☐ No

If the answer to the above question regarding a conviction is “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 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 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 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.

If I am a current employee, I agree to allow Summa Health to obtain my previous criminal background check and employment health screening records will be copied from Human Resources in lieu of having them performed again.

I hereby agree to release and hold harmless Summa Health, 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 processing or accepting this volunteer application.

I understand that by submitting this application, if I complete the entire volunteer screening process I am committing to providing at least 30 hours of volunteer service to Summa Health, throughout my time as an active volunteer.

If I become a volunteer at Summa Health, I will volunteer for charitable, humanitarian, or personal purposes or pleasure and not because I expect compensation from Summa or because I am economically dependent on Summa.

I further understand and agree that Summa Health 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 Health. All information receded above is considered confidential. We will contact you soon regarding the status of your application.

____________________________________________________________________________________
Signature

Date

Mail completed applications to:
Summa Health—Akron Campus
Volunteer Services
525 E Market Street
Akron, Ohio 44309