



Off-Site Crafter Volunteer Application

Thank you for your interest in being an Off-Site Crafter Volunteer for Summa Health. These volunteers create items which improve the patient experience. Please complete the following information. We will contact you to confirm receipt of your application. If you have any questions, please contact us at volunteer@summahealth.org or (330) 375-3247.

Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Email Address: _____

Please identify the items you would like to create for our patients:

Tray Favors Baby Hats Baby Blankets Lap Blankets Breast Cancer Pillows

Aprons for Breast Cancer Patients Heart Pillows for Heart Patients Other: _____

Please return this application to Summa Health Volunteer Services, Summa Health System - Akron Campus, 525 E. Market Street, Akron, Ohio 44304.

Photo Consent

I hereby authorize Summa Health System (hereinafter "Hospital") and its designees to photograph me while engaged in volunteerism with Summa Health.

I agree that the Hospital and its designees may provide the negatives, prints or tapes prepared from such photograph to Hospital staff, physicians, health professionals and members of the public for education, treatment, research, scientific, public relations or charitable purposes. I acknowledge and agree that the Hospital and its designees may disseminate the photographs in any manner consistent with the above stated purposes, including but not limited to, via the NEOUCOM College of Medicine television network, Hospital internal and external publications, Hospital Website, Hospital collateral pieces and advertisements. I further acknowledge that by permitting the Hospital and its designees to use and disseminate these photographs, certain confidential medical information may be included and I hereby consent to the disclosure of this information. I have entered into this Agreement in order to assist scientific, treatment, educational, public relations and charitable goals and hereby waive any right to compensation for such uses. I hereby hold the Hospital and its designees harmless from and against any claim for injury or compensation resulting from the activities authorized by this consent.

The term "photograph" as used in the foregoing Agreement, shall mean motion picture or still photography in any format as well as videotape, video disc or any other mechanical means of recording or reproducing images.

Signature: _____