



Interest in Volunteering at Arnot Ogden Medical Center

First Name:

Middle Initial:

Last Name:

Preferred Name:

Address:

City:

State:

Zip Code:

Best Contact Phone Number:

Email Address:

Preferred method of contact:

Phone

Email

Skills

How much walking would you like to do in your role?

Availability

What is your availability for volunteering?

Time of day: Early Mornings

Late Mornings

Early Afternoons

Evenings

Nights

Days: Weekdays Weekends

Questions

1. Do you have any limitations that could interfere with your performance as a volunteer?

Yes No

If yes, what are these limitations?

2. What has led to your interest in volunteering at AOMC?

3. What personal goals do you hope to achieve by volunteering?

4. Any comments that you think may be helpful in the consideration of your application.

Have you ever been employed by Arnot Ogden Medical Center? Yes No

Do you have any friends or relatives volunteering at AOMC? Yes No

This form can be e-mailed to rtoonkel@ah.arnohealth.org

Thank you for your interest in volunteering at Arnot Ogden Medical Center!

Arnot Health volunteers are a vital part of the AOMC hospital team. We believe this partnership with our community members is an integral ingredient in providing quality service. Whether you're interested in patient contact, office work, special projects, a sit-down job or lots of walking, a fixed or flexible schedule, and placements are often available.