



5280 U.S. Highways 62 & 68
Ripley, Ohio 45167
(937) 392-4318
www.OhioValleyManor.com

VOLUNTEER APPLICATION FORM

Please complete application and mail or drop it off to OVM, Attn: Volunteer Director.

Contact Information:

Name Date of Birth

Address City St Zip

Email Address Please list your age if under 18 years old: _____

Home phone: (____) _____ Cell phone: (____) _____

Are you a student? ___Y ___N If yes, which school do you attend? _____

Do you have any specialized training or areas of study? (i.e. CPR, languages, art, music) _____

Shirt size (circle one): S M L XL 2X 3X 4X

Emergency Contacts: *(Volunteers under the age of 18 should list a parent or guardian as contact person)*

(1) _____
Name Relationship

Home phone: (____) _____ Cell phone: (____) _____

(2) _____
Name Relationship

Home phone: (____) _____ Cell phone: (____) _____

References: *(Volunteers may list current or former teachers, principals, preachers, OVM employees, etc. Family members may not serve as references. References are required so please include best way to contact them.)*

(1) _____
Name Relationship

Phone: (____) _____ Email: _____

(2) _____
Name Relationship

Phone: (____) _____ Email: _____

Interest: *Why do you want to volunteer? What draws you to volunteer at OVM?*

Experience: *What previous volunteer experience do you have?*

- None
- Volunteer Experience: _____

Volunteer Schedule:

How many hours per month do you hope to donate? _____ (More than 10 hours per month requires DDP test)

What day(s) and time(s) work best for your schedule?

- Day(s):** Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Time(s): Morning Afternoon Evening Flexible

Volunteer Preferences:

Is there a category of persons with whom you are specifically interested in serving?

- Staff
- Female Residents
- Male Residents
- Residents with Alzheimer's disease/Dementia

- Department(s)/Units:** Administration Marketing Therapy/Wellness Center Home Health
 Activities Housekeeping Grounds Dietary Long-Term Care Short-Term Rehab

Is there any particular type of position or activity that interests you?

- Bingo
- Party/Decorations
- Bake Sales
- Church
- Exercise Class
- Arts & Crafts
- Singing
- Horse Races
- Reading
- Puzzles
- Ball/Balloon Toss
- Cooking Class
- Cards
- Calendar design
- Raffles
- Dancing
- Wii Games
- Tech Training
- 1-on-1 Visits
- Birthday parties
- Walking
- Fishing
- Board Games
- Greeting visitors
- Admin tasks
- Musical performance
- Genealogy
- Salon/Barber
- Gift Shop
- Sewing
- Tai-chi
- Chair volleyball
- Pet Visits
- Gardening
- Special Events
- Shuffleboard
- Other *(please specify)* _____

List all card games you play: _____

Logging of Volunteer Hours:

All OVM Volunteers may report their volunteer hours on a monthly basis to the Volunteer Director although it is not required.

OVM requires Volunteer Applicants to undergo background checks and DDP testing, when necessary.

Volunteer Signature

Date