

Our volunteers are...

very special people who have one thing in common; they want to help others and make a *difference*. Our Volunteers are retirees, professionals, homemakers, students and men and women of all backgrounds who live in our surrounding communities.

How do I become a Volunteer:

- Complete the attached application
- Mail back to the Volunteer Services Department at 1995 E. State St. Salem, Ohio

Ways You Can Help:

- Escort patients and visitors
- Provide information and support to families in our Surgical Waiting Room
- Perform clerical and general office duties
- Greet hospital visitors at Lobby Information Desks
- Help customers in the hospital's Look Nook gift shop
- Become a SRMC Auxiliary Member
- Join our Teen Volunteer Program (Ages 16-19)

NOTE: Prior to being accepted into the program, prospective volunteers must successfully undergo a background check, drug screen and TB test (all of which can be provided at SRMC at no charge).

MAKE A DIFFERENCE BECOME A VOLUNTEER

INFORMATION &
APPLICATION



 **SALEM REGIONAL
MEDICAL CENTER**

1995 East State Street
Salem, Ohio 44460
330-332-1551

salemregional.com/volunteers

 **SALEM REGIONAL
MEDICAL CENTER**

Salem Regional Medical Center invites you to join us as a volunteer.
For more information, please call the Development Office at
330-337-2883.

(Remove the application on the perforated line. Fold and mail back to address provided.)

Salem Regional Medical Center Volunteer Application

Must be 16 years of age to volunteer.

Name _____

Date of Birth _____

Address _____ City _____ Zip _____

Occupation _____ Employed By _____

Home Phone _____ Cell Phone _____

E-mail _____ Social Security # _____

In case of an emergency notify _____

Relationship to you _____ Contact # _____

Physician's Name _____ Office Phone _____

Address _____ City _____ Zip _____

Adult Personal References (NO RELATIVES)

Name _____ Address _____

Name _____ Address _____

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing, pled no contest for any offense other than minor traffic violations or are you charged with an unsolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea if guilty, court trial, deferred adjudication or dropping of the charge?)

Yes

No

If Yes, please explain. _____

Area(s) in which you're interested in volunteering _____

Do you have any physical/medical limitations? _____

I agree to give regular and dependable service to Salem Regional Medical Center.

Signature _____ Date _____