



4115 Bridge Avenue
Cleveland, OH 44113
216-631-5800
Maydugancenter.org

Volunteer Information (renewed annually)

Date: _____

Assigned Department/Program

ERC F/C Distribution Grounds Health/Wellness Other _____

Supervisor's Name: _____ Date: _____

Volunteer has been provided materials and training for: May Dugan Annual Report, Date __/__/__

May Dugan Volunteer Policy and Procedures, Date __/__/__ Specific Duties, Date __/__/__

Training or Orientation for Duties, Date __/__/__ Personnel Information Complete, Date __/__/__

Personal Information

Name: _____ Date of Birth _____

Address: _____ Sex: Male/ Female

Telephone Number(s): Primary _____ May we text you at this number? Y N

Secondary _____ May we text you at this number? Y N

E-Mail Address: _____

Would you prefer that we call, text, or email you first? Call Text Phone

Emergency Contact Information:

Do you have a medical condition that we should be aware of? Yes No

If yes, please explain the condition: _____

If yes, please give us your doctor's name and phone number _____

Emergency Contact: If you fall ill suddenly, or have an emergency, who do we call?

Name: _____ Phone number: _____

This is a two-sided document. One copy of this form should be filed with May Dugan, an additional copy should be provided to the volunteer.

Volunteers may park in the May Dugan Parking lot

Room Number or Location:

Days and Hours of duty:

You will be working with:

Your responsibilities include:

If you have questions, please contact: