

OLABISI ONABANJO UNIVERSITY TEACHING HOSPITAL

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VOLUNTEER & COMMUNITY SERVICE APPLICATION FORM

Ref: HR/VOL/001 | Rev: Jan 2025

Please complete all sections in BLOCK CAPITALS. Attach certified copies of all certificates and credentials.

PERSONAL INFORMATION

Surname	Other Names
<input type="text"/>	<input type="text"/>
Date of Birth	Gender
<input type="text"/>	<input type="text"/>
Phone Number	Email Address
<input type="text"/>	<input type="text"/>
Residential Address	
<input type="text"/>	
NYSC Call-Up No. (if applicable)	NYSC State Code
<input type="text"/>	<input type="text"/>

VOLUNTEER PLACEMENT PREFERENCE

Department / Unit of Interest	
<input type="text"/>	
Proposed Start Date	Proposed End Date
<input type="text"/>	<input type="text"/>
Skills / Areas of Expertise	
<input type="text"/>	
Why do you wish to volunteer at OOUTH?	
<input type="text"/>	

AVAILABILITY

Days Available	Hours Per Week
<input type="text"/>	<input type="text"/>
Any Medical Conditions We Should Be Aware Of?	
<input type="text"/>	

DECLARATION

I hereby certify that the information provided in this form is true, complete and correct to the best of my knowledge.
I understand that any misrepresentation may result in disqualification or termination of employment.

Applicant's Signature	Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>