



OHIO ACADEMY OF
FAMILY PHYSICIANS

Volunteer Form

CONTACT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Name of Practice/Hospital/School/Residency:

COMMUNITY SERVICE

Organization/Business Name: _____

Volunteer Activity Type: _____

Hours Volunteered: _____ Number of Volunteers: _____

Date Volunteered: _____

OPTIONAL: Interested in sharing your volunteer story? Send a write-up, no shorter than 250 words, along with photos to Communications Manager Morgan Pelt at mpelt@ohioafp.org to be featured on our website, in the *Weekly Family Medicine Update*, or in the *The Ohio Family Physician*. If you have any questions please call (614) 914-5627.