HearAide
NEAR AND FAR

Volunteer Commitment Form

Volunteer Name: _____

Address: _____

Phone: _____

Email: _____

Who are the hours being completed for? _____

Required Volunteer Commitment: _____ **hours**

(Contact HearAide upon completion of 50% of Required Hours)

Volunteer Signature: _____ **Date:** _____

Coordinated Volunteer Site: (Site MUST be approved prior to completing service hours)

Site Approved By: _____

Name of Organization: _____

Address: _____

Phone: _____

Volunteer Supervisor: _____

Completed Service: _____ hours

Did Volunteer satisfactorily meet the required volunteer commitment at your facility? YES NO

If No, what is the reason? _____

_____

_____

_____

_____

Supervisor Signature: _____ **Date:** _____

Mail or Fax Completed form to:

HearAide, Inc. 1125 Hospital Dr. STE 50 UTMC Toledo, OH 43614 Fax: 419.383.4012

Volunteer Commitment Form

(For Office Use Only—to be completed by HearAide Staff)

Patient Name: _____

Was Volunteer Commitment fulfilled? YES NO

If not, how many hours were completed? _____

And what is the reason for not completing them? _____

_____

Hearing Aid approval: MONAURAL BINAURAL Not approved

HearAide Signature:_____ **Date**: _____

Mail or Fax Completed form to:

HearAide, Inc. 1125 Hospital Dr. STE 50 UTMC Toledo, OH 43614 Fax: 419.383.4012