



Volunteer Application

Name: _____
 (Last) (First) (Middle Initial)

Present Address: _____
 (Street) (City) (State) (ZIP)

Permanent Address: _____
 (Street) (City) (State) (ZIP)

Phone: (____) _____ Email Address: _____

EDUCATION

Are you currently enrolled in a college or university program?

College: _____ Circle last year completed: 1 2 3 4

Degree/Field of Study _____

High School: _____ Circle last year completed: 9 10 11 12 GED

Other Training: _____

EMPLOYMENT & VOLUNTEER EXPERIENCE

Are you currently employed? Yes No

If yes, where? _____

Days/times you work _____

Previous Work Experience (list company names and dates) _____

Have you ever been employed or volunteered at any of our locations? Yes No

If yes, where? _____

List any relatives or friends employed or volunteering at University of Michigan Health-West

EMERGENCY CONTACT

Person to be contacted in case of illness/emergency:

Name _____

Relationship _____ Phone _____

REFERENCES

Please list two individuals over 18 yrs. who are not relatives.

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Email _____

LEVEL OF COMMITMENT

Some of our volunteer opportunities require a higher level of commitment while others are able to accommodate short-term availability (at least 50 hours). Please help us understand your level of commitment so that we may determine an appropriate volunteer opportunity.

What level of commitment do you feel most comfortable making at this time? Please check a box or specify below.

- Less than 3 months 3 months 6 months 1 year

Is this a required volunteer assignment? Yes No If yes, number of hours needed: _____

Reason for required hours: _____

AVAILABILITY

Mornings: Yes No
 Mon Tues Wed Thur Fri Sat Sun

Afternoons: Yes No
 Mon Tues Wed Thur Fri Sat Sun

Evenings: Yes No
 Mon Tues Wed Thur Fri Sat Sun

INTERESTS & SKILLS

- | | | |
|--|--|---|
| <input type="checkbox"/> Clerical (assembling packets) | <input type="checkbox"/> Hospitality Services | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Languages: _____ | |
| <input type="checkbox"/> Visiting Patients | <input type="checkbox"/> Mail Delivery | |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Music | |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Patient Comfort Care | |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Pet Therapy | |
| <input type="checkbox"/> Greeting/Guiding Visitors | <input type="checkbox"/> Registration (line mgmt.) | |

COMMITMENT STATEMENT: I affirm that the information I have supplied is complete and accurate to the best of my knowledge, and understand that falsification may prevent my placement or justify future dismissal. **I also understand that a criminal background check will be conducted.** I hereby request to become a member of the Volunteer Services Department at University of Michigan Health-West and will abide by all hospital and department policies. I am willing to volunteer 50 unpaid hours of service within a one-year period (students will pledge at least one full semester or summer). I willingly agree to be trained and oriented, wear a volunteer uniform and ID badge, accurately record my service hours, and comply with any other mandatory requirements. I will be responsible and regular in my attendance and will inform my department of necessary absences. I clearly understand that there is no employer/employee relationship and as a service volunteer I will not be entitled to compensation/workmen's compensation or fringe benefits of any kind for voluntary service. My assignment can be terminated at any time with or without notice and for any reason. I will respect the need for safety, infection prevention, and patient confidentiality. I understand that my volunteer work experience will be recorded and held for future reference. I give my permission for release of this information.

I voluntarily give consent and permission to University of Michigan Health-West to take and use images (photographs and videotape) of me, with or without my name, for any advertising, marketing, informational, fundraising, or promotional purpose of University of Michigan Health-West. I waive any right to, or interest in, my images and to any benefits that University of Michigan Health-West may obtain arising from the use of my images. I release University of Michigan Health-West and its officers, directors, employees, and agents from any and all liability associated with the taking or use of my images.

If I become a volunteer with University of Michigan Health-West, I understand that I will have access to a variety of confidential or proprietary information during the course of my placement with University of Michigan Health-West. Such information includes, but is not limited to, confidential information related to University of Michigan Health-West's business, patients, employees, donors, vendors, and suppliers, among others. Confidential or proprietary information belongs to University of Michigan Health-West. If placed, I may not disclose confidential or proprietary information to any third parties. Upon the separation of my placement with University of Michigan Health-West, I will immediately return to University of Michigan Health-West all documents and materials that are University of Michigan Health-West's property or that contain any confidential or proprietary information.

Signature _____ Date _____

PERMISSION FORM FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES:

I permit my child to participate in volunteer activities at University of Michigan Health-West and to receive a TB skin test, as required for Infection Prevention. I understand my child's services are donated without contemplation of compensation or future employment.

Parent/Guardian's Signature _____ Date _____

Note: Filing an application does not ensure a volunteer placement will be made. Applicants will be chosen by the Volunteer Services Department on the basis of qualifications, availability, and in keeping with the interest of the Hospital. All applications are held for one year.

In keeping with federal, state and local laws, University of Michigan Health-West policy forbids employees and associates to discriminate against anyone based on race, religion, height, weight, pregnancy, genetic information, color, gender, age, marital status national origin, sexual orientation, veteran status, disability or any other characteristic protected by law. We are committed to establishing and maintaining a workplace free of discrimination. We are fully committed to equal employment opportunity. We will not tolerate unlawful discrimination in the recruitment, hiring, termination, promotion, salary treatment or any other condition of employment or career development. Furthermore, we will not tolerate the use of discriminatory slurs, or other remarks, jokes or conduct, that in the judgment of University of Michigan Health-West Health, encourage or permit an offensive or hostile work environment.

Criminal Record Check Consent Form

As a potential volunteer of University of Michigan Health-West, please understand that it is University of Michigan Health-West's policy to secure criminal history information as a condition of volunteering. If you feel the background check is inaccurate, you may appeal the results.

Have you ever been convicted of or plead guilty or no contest to a crime including all misdemeanors or felonies?

Yes No

Do you currently have any felony charges pending against you? Yes No

If yes to either of the last two questions, explain. _____

Name: _____
Last First Middle

Other Names Used (*maiden name, AKA names, etc.*) _____

Address: _____

City: _____ State: _____ ZIP: _____

Gender: Male Female Birthdate: _____ Race: _____

I understand the information above is required in order to obtain a conviction only criminal history file search and authorize University of Michigan Health-West to utilize the information solely for this purpose. To the best of my knowledge, there are no disqualifying offenses on my record. However, if this statement is proven false, termination or criminal penalties may result. Additionally, I understand that I must contact the Volunteer Services Department if any incidents occur that would affect my continued volunteer service with University of Michigan Health-West. I also understand that University of Michigan Health-West reserves the right to conduct periodic criminal history searches during my volunteer service tenure.

Signature _____ Date _____