



MACOMB

# VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_, MI Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ok to call at work? Y or N

Emergency Contact: \_\_\_\_\_

Name	Phone	Relationship
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E-mail Address: \_\_\_\_\_

(This address will only be used for communication between yourself and the Office Staff of Volunteer Services)

Date you can start: \_\_\_\_\_

## PLACEMENT PREFERENCES

<input type="checkbox"/> Emergency Room <input type="checkbox"/> Fundraising Events <input type="checkbox"/> Gift Cart <input type="checkbox"/> Gift Shop <input type="checkbox"/> Greet Visitors <input type="checkbox"/> Java General Coffee Bar	<input type="checkbox"/> Medical Library <input type="checkbox"/> Nursing Units/Comfort Cart <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Patient/Visitor Escort <input type="checkbox"/> Popcorn <input type="checkbox"/> Spiritual Care  Other: _____
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**CURRENT STATUS**

Employed       Retired       Homemaker       High School Student

College Student    Name of College: \_\_\_\_\_

Other: \_\_\_\_\_

**EDUCATION**

Education Level Attained: \_\_\_\_\_

**SKILLS (check those that apply)**

Computer Skills

Telephone Etiquette

Communication Skills

Working with Public

Mailings

Writing Skills

Organizational Skills

Other: \_\_\_\_\_

**AVAILABILITY**

What days and time of day are you available to volunteer? (check appropriate boxes)

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Total number of hours per week you would like to volunteer  _____ (4 hours minimum)
Mornings								
Afternoons								
Evenings								



**EMPLOYMENT** (List below your last two employers, starting with the most recent job first)

Name of Employer #1:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: FROM : \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

Job Title \_\_\_\_\_ Description of Work: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Name of Employer #2:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

Job Title \_\_\_\_\_ Description of Work: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

List two work or personal references NOT related to you. Fill in the information COMPLETELY.

**Name Reference #1:**

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Name Reference #2:**

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

I certify that the answers given herein are true and complete to the best of my knowledge. I agree that this information may be verified and references contacted by McLaren-Macomb. Misrepresentation of facts constitutes cause for the application not being considered or separation from Volunteer Services at McLaren-Macomb.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Permission for Minors (Under age 18) . I give permission for \_\_\_\_\_  
Name of Applicant

Who is my \_\_\_\_\_ to volunteer for McLaren-Macomb. I also give permission for an annual TB Skin test to be administered which is required by McLaren-Macomb for participation in the volunteer program. I agree to provide proof of immunization prior to the start of volunteer service.

I understand that McLaren-Macomb is not responsible for my teen after he/she leaves the hospital property or for any personal belongings.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Parent/Guardian an Employee/Volunteer of McLaren-Macomb: Dept. \_\_\_\_\_ Ext. \_\_\_\_\_

**DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION**

In connection with my application for Volunteer Service, I understand that consumer reports which contain public records information may be requested as part of a background investigation on me. These reports may contain information concerning my professional licenses, educational achievements, registrations and certifications, criminal records, credit, motor vehicle reports, bankruptcy proceedings, etc., from federal, state and other agencies which maintain such records. These reports may also include information related to my employment, education, character, and personal history.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY **McLAREN-MACOMB** OR THEIR AGENT, THE REFERENCE COMPANY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

In the event that I am denied the position based entirely or partly on information obtained by The Reference Company, I understand that I have the right to make a request to The Reference Company, upon proper identification, to inquire on the nature and substance of all information in its files on me at the time of the request.

(The Reference Company, 37060 Garfield Rd. Suite T-3, Clinton Twp. MI 48036)

**PLEASE PRINT**

**Driver's License #** \_\_\_\_\_ Issuing State \_\_\_\_\_

**SS#** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Since what date \_\_\_\_\_

City and State lived in previously \_\_\_\_\_ Your Last Name at that time \_\_\_\_\_ How long lived there \_\_\_\_\_

City and State lived in previously \_\_\_\_\_ Your Last Name at that time \_\_\_\_\_ How long lived there \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Personnel Use Only - Fax to TRC (586) 228-2323** **From :** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Position Applied For** \_\_\_\_\_ **Center :** \_\_\_\_\_

Additional items/Other \_\_\_\_\_