McLaren OAKLAND

50 N. Perry Street, Pontiac, MI 48342
Office #: 248-338-5460
Fax #: 248-338-5304

FOR OFFICE USE

Date of Interview:

Date of Active Membership:

Volunteer Services Application

Date: _____

NAME _____ Are you 18 years of age, or under? _____

If under 18, a parent/guardian signature is required on the back and child's date of birth noted. If yes, date of birth: _____

ADDRESS _____
Street City State Zip

TELEPHONE _____
Home Cell

E-MAIL _____

EMERGENCY CONTACT _____
Name Phone Relationship

REFERRAL SOURCE

How were you referred to our Volunteer Services at McLaren Oakland?

- ☐ Friend / Relative
- ☐ Website
- ☐ Newspaper
- ☐ Direct Mail
- ☐ Club / Organization
- ☐ Self-Inquiry
- ☐ Recruitment Event (PLACE) _____
- ☐ Other _____

CURRENT OCCUPATION STATUS

- ☐ Employed
- ☐ Retired
- ☐ Student
- ☐ Homemaker
- ☐ Looking for work
- ☐ Other _____

VOLUNTEER / PAID EXPERIENCE (If applicable). Please include addresses.

1. Organization _____ **Assignment** _____

Duties _____

Dates of Service _____ Phone _____

Contact _____
Name Address: Street, City, State, Zip Code

2. Organization _____ **Assignment** _____

Duties _____

Dates of Service _____ Phone _____

Contact _____
Name Address: Street, City, State, Zip Code

EDUCATION

Grade Level Completed _____
Major

If presently a Student _____
Name of School

SKILLS **Please** check any special skills, hobbies, or special interests you may have.

- ☐ Office / Clerical (please specify) _____
- ☐ Care Giver (please specify) _____
- ☐ Working with Public (please specify) _____
- ☐ Other _____

LEVEL OF COMMITMENT

Some of our volunteer opportunities require a higher level of commitment while others are able to accommodate short-term availability. 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 now making? Check a box or specify below.

☐ Under 3 months ☐ 3 months ☐ 6 months ☐ 1 year

Are you volunteering to satisfy a requirement (school, court, etc.)? ☐ Yes ☐ No

If yes, why are required to complete these hours? _____

If yes, how many hours are required and by when? # Hours: _____ By When: _____

AVAILABITY

Please indicate the time commitment you are planning to make if your application is accepted by Volunteer Services? (ex: 10am – 12pm)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

Total number of hours per week you would like to volunteer _____ (minimum 4 hours per week required)

Are you applying for a SUMMER ONLY position? ☐ Yes ☐ No

PLACEMENT PREFERENCES

☐ Office / Business
☐ Office / Medical
☐ Cardiology
☐ Emergency Room
☐ Medical Imaging
☐ Outpatient Services
☐ Patient Floor
☐ Pharmacy
☐ Surgical Services
☐ Other: _____
☐ Building and Grounds
☐ Nursing Education
☐ Patient Access
☐ Patient Accounting

REFERENCES

List 2 people, excluding relatives. **Please include COMPLETE addresses.** Incomplete applications may not be considered. References over 18 years old are requested.

Name E-mail Address and/or Street Address: Street, City, State, Zip Phone

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Have you ever been convicted of a crime, including a misdemeanor? ☐ Yes ☐ No If yes please explain:

Are there any felony charges outstanding? ☐ Yes ☐ No If yes please explain:

I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and I specifically authorize McLaren Oakland to contact my references to obtain verification and to discover information about me they deem relevant. Misrepresentation of facts constitutes cause for separation from Volunteer Services at McLaren Oakland.

Signature Date Date of Birth

Parent/Guardian signature required for volunteers under 18 years of age.

I, _____ do hereby give my consent to release the following information under the Family Education Rights and Privacy Act of 1974.