



**Volunteer Services**

**Instructions for Completing the Special Placement Application**

**DEFINITION**

**Special Placement Volunteer**

For the purposes of this policy, any person 16 years or older who donates services without monetary compensation within the University of Michigan Health System. The program or department does not have an already established volunteer placement profile in place or the duties that this person will perform are vastly different from the established placement profile. Ideally, persons in this role may have no patient contact, such as working in a basic science or animal research laboratory and, as such, are exempt from annual Occupational Health screening. All special placement volunteers will complete either the Special Placement Volunteer Application or the UMHS Volunteer Application. Special placement assignments last not less than one month and no more than one year. Volunteers wishing to continue past one year must contact Volunteer Services within 30 days of their appointment's end date. Special Placement Volunteers are required to submit their hours to the Volunteer Services Department on a monthly basis.

*Note: If the potential volunteer must interview patients or perform any tasks which require them to come in contact with patients, the regular UMHS Volunteer Application is required.*

*High School students are required to have a work permit which may be obtained from their school.*

*All volunteers must complete the appropriate Laboratory Safety training offered by UM Occupational Safety and Environmental Health (OSEH) if working primarily in a laboratory setting. Documentation of course completion should be forwarded to UMHS Volunteer Services.*

**SECTION I – VOLUNTEER INFORMATION**

Please complete the information for the potential volunteer for your area. If the volunteer is a foreign student/researcher, please complete the Visa information and include a copy of the Visa with the application materials. Please note the types of Visa which allow a person to volunteer with our institution.

**SECTION II – PLACEMENT INFORMATION**

Please complete this section with the information for the person responsible for having the volunteer onsite.

**SECTION III – DUTIES**

Please provide a description of the duties/activities of the potential volunteer. Please be as specific as possible in the space provided.

**Once completed, please fax the form to Volunteer Services at (93)6-9423. Volunteer Services will then contact the volunteer to schedule an appointment to be processed.**

**Special Placement Volunteer Application  
(Non-Patient Contact, Laboratory or Animal Research)**

**SECTION I:**

**VOLUNTEER INFORMATION**

**Name and Address:**

Last Name	First Name	Middle Initial
Current Street Address	City/State	Zip Code
Cell Phone	E-mail Address	Home Phone
Country of Origin	Visa Type ( <i>Attach copy of Visa, if applicable</i> )	Date of Birth ( <i>MM/DD</i> )

Non-US citizens including temporary visa holders are eligible to volunteer in most circumstances if they fall into the following categories:

- F-1 Full-time students
- F-2 Dependents of F-1 full-time students
- J-1 Exchange visitors who could be full-time students, professors, researchers, short-term scholars, or specialists
- J-2 Dependents of J-1 exchange visitors
- H-1B UM-employees in particular occupations
- H-4 Dependents of H-1B employees

**Note:** *The International Center recommends that F-2 and J-2 dependents volunteer for defined volunteer programs only as these are clearly delineated as not employment. B-1 Visitors for Business and B-2 Visitors for Recreation/Travel are NOT eligible to volunteer.*

**SECTION II:**

**PLACEMENT INFORMATION**

Supervisor/Department Head

Department

E-mail Address

Phone

Volunteer's Work Location

Volunteer's Direct Supervisor

**SECTION III:**

**Description of Volunteer Duties:**

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UM ID# \_\_\_\_\_ Length of Appointment From: \_\_\_\_\_ To: \_\_\_\_\_  
(if available)

**I have met with the applicant and believe that the person's skill level is appropriate for the duties described above to the best of my knowledge. I also understand that if the function of this volunteer should change to include contact with patients; I shall contact the Volunteer Services Department to schedule Occupational Health Screening for this volunteer.**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**UMHS Volunteer Services Department reserves the right to suspend or terminate a volunteer if it is discovered that they made false statements during the application process or at any time during their commitment violate UMHS and Volunteer Policies and Procedures.**