



## Volunteer Application

**\*\*Applications accepted at the time of interview only\*\***  
**Please answer all questions. Type or print clearly.**

### PERSONAL INFORMATION

#### Name and Address:

\_\_\_\_\_

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

Current Street Address	City/State	Zip Code
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Permanent Address ( <i>if different from above</i> )	City/State	Zip Code
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\_\_\_\_\_

Cell Phone	Email Address	Home Phone
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\_\_\_\_\_

Date of Birth (MM/DD/YY)	Citizenship	Visa (if applies)	Visa Exp. Date
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#### Current Status:

- Community Resident
- College/University Student      School: \_\_\_\_\_
- High School Student      School: \_\_\_\_\_  
(Min. age 16 by June 15)

#### Employment Information:

\_\_\_\_\_

Employer	Address	Phone Number
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May we contact you at work regarding your volunteer activities?    \_\_\_ Yes    \_\_\_ No

#### Why are you interested in volunteering at UMHS?

\_\_\_\_\_

Have you ever been convicted of a crime or misdemeanor?    \_\_\_ Yes    \_\_\_ No

Are there any felony charges pending against you?    \_\_\_ Yes    \_\_\_ No

*The Health System will conduct a criminal records check for all new and returning volunteers to determine the existence of any arrest(s) resulting in conviction. Please provide dates, places, charges and disposition of all convictions.*

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**Volunteer Experience:**

Organization \_\_\_\_\_ Role \_\_\_\_\_ Dates: From/To \_\_\_\_\_

Organization \_\_\_\_\_ Role \_\_\_\_\_ Dates: From/To \_\_\_\_\_

Organization \_\_\_\_\_ Role \_\_\_\_\_ Dates: From/To \_\_\_\_\_

**Professional/Civic/Club Memberships:**

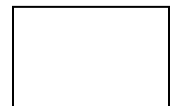
Organization \_\_\_\_\_ Role \_\_\_\_\_ Dates: From/To \_\_\_\_\_

Organization \_\_\_\_\_ Role \_\_\_\_\_ Dates: From/To \_\_\_\_\_

Organization \_\_\_\_\_ Role \_\_\_\_\_ Dates: From/To \_\_\_\_\_

**RETURN POLICY: UNIFORM**

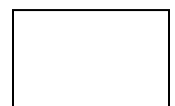
I understand that the volunteer uniform is the property of the University of Michigan Health System and that it is my responsibility to return it upon completion of my volunteer service. *Failure to do so will incur a replacement fee.*



***Initial here***

**RETURN POLICY: ID BADGE**

I understand that the Health System ID badge is the property of the University of Michigan Health System and that it is my responsibility to return/exchange it upon completion of my volunteer service. *Failure to do so will incur a replacement fee.*



***Initial here***

**COMMITMENT:**

I understand that commitment is the foundation for the success of any volunteer program. I agree to serve the University of Michigan Health System as a volunteer for a **minimum of two (2) hours and a maximum of four (4) hours per week for a minimum of six (6) months or 2 semesters/sessions** (not necessarily consecutive).

[Note: Does not apply to Pre-Approved placement applicants.]

*Initial here*

I agree to contact the Volunteer Services staff *prior* to making any changes in my volunteer placement schedule (i.e., number of hours, shift changes, placement changes, absences, etc.). I further agree to notify my placement supervisor *and* Volunteer Services of any absences prior to my scheduled shift.

*Initial here*

**The 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 they violate UMHS and Volunteer Policies and Procedures.**

**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 references contacted by UMHS Volunteer Services.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Emergency Contact Information for:** \_\_\_\_\_  
Volunteer's Name

	<b><u>Family</u> Emergency Contact</b>	<b><u>Local</u> Emergency Contact</b>
Contact Person's Name:		
Relationship to Volunteer:		
Primary Phone Number:		
Secondary Phone Number:		

Date: \_\_\_\_\_