



University of Michigan
Health System

Volunteer Services

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	Work Phone	Home Phone
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Email Address	Date of Birth (MM/DD)
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Current Status:

High School Student School: _____

College/University Student School: _____

Community Resident

Court Ordered Community Service (*Please provide a copy of the court order and probation information.*)

Employment Information:

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

Have you ever been convicted of a crime? ___ 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.

Volunteer Experience:

Organization	Role	Dates: From/To
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Organization	Role	Dates: From/To
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Organization	Role	Dates: From/To
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Professional/Civic/Club Memberships:

Organization	Role	Dates: From/To
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Organization	Role	Dates: From/To
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Organization	Role	Dates: From/To
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UNIFORM/ID BADGE RETURN POLICY

I understand that the volunteer uniform and Health System ID badge are the property of the University of Michigan Health System and that it is my responsibility to return these items upon completion of my volunteer service.

Initial Here _____

COMMITMENT

I understand that commitment is the foundation for success of any volunteer program and 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**. I further agree that I will discuss and/or notify the Volunteer Services staff prior to making any changes in my volunteer placement schedule (i.e., number of hours, shift changes).

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