



University of Michigan
Health System

Volunteer Services

Volunteer Application

(Please answer all questions. Type or print clearly.)

PERSONAL INFORMATION

Name and Address:

Last Name: First Name Middle Initial

Current Address, City, State and Zip

Permanent Address: (if different from above)

Current Phone: Work Phone: Alternate Contact Number or Cell Phone:

E-mail Address Date of Birth (MM/DD)

Current Status:

___ High School Student School: _____

___ College/University Student School: _____

(College Students volunteering as part of a practicum, internship or course must provide documentation of Course Name, Instructor, and academic requirements.)

___ Community Resident

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

Employment Information:

Employer Address Phone Number

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 history file check for all new and returning volunteers to determine the existence of any arrest resulting in conviction. Please give dates, places, charges and disposition of all convictions and any other information about convictions you would like Volunteer Services to consider.

Volunteer Experience:

Organization	Role	Length of Time
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Organization	Role	Length of Time
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Organization	Role	Length of Time
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Professional/Civic Memberships:

Organization	Role	Length of Time
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Organization	Role	Length of Time
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Organization	Role	Length of Time
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References: *Please tell us the names of the two people (**not related to you**) who will complete your UMHS Volunteer Reference Form.*

Name	Relation	Address or Phone Number
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Name	Relation	Address or Phone Number
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Special Skills/Interests

<input type="checkbox"/>	Language(s) – including Sign Language (please specify)	_____
<input type="checkbox"/>	Computer/Office/Clerical (please specify)	_____
<input type="checkbox"/>	Entertainment (please specify)	_____
<input type="checkbox"/>	BLS/First Aid (include certification date(s))	_____
<input type="checkbox"/>	EMT (include certification date(s))	_____
<input type="checkbox"/>	Nursing (include state license number)	_____
<input type="checkbox"/>	Physician (include state license number)	_____

Referral Source:

<input type="checkbox"/>	Employer	<input type="checkbox"/>	Teacher/Counselor
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Church/Temple
<input type="checkbox"/>	Friend	<input type="checkbox"/>	Posters/Flyers
<input type="checkbox"/>	Self-Inquiry	<input type="checkbox"/>	Other:

UNIFORM/ID BADGE RETURN POLICY

I understand that the volunteer uniform and Hospital 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 of any changes in my volunteer schedule (i.e., number of hours, shift changes) that differs from my placement agreement.

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 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

Please use this page to list any additional Volunteer Experience, Professional/Civic Memberships or Special Skills/Interests, if needed.



University of Michigan
Health System

**UNIVERSITY OF MICHIGAN
AUTHORIZATION FOR A
CRIMINAL RECORDS CHECK
(For UMHS Volunteers)**

PLEASE PRINT CLEARLY

Last Name		First	Middle
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth	
US Social Security Number		UM ID (if known)	
Driver License or State ID Number		State	
Check here if you do not have a Driver License or State ID card		<input type="checkbox"/>	

I, the undersigned, authorize the University of Michigan, through the Department of State Police, Central Records Division, the University of Michigan Department of Public Safety and Security or any agency, to conduct a criminal history check or investigation by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the University of Michigan.

Signature (Parent or Guardian, if a minor)

Date

Signature

Date

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REFERENCE FORM

Applicant's Name:	
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The person named above has applied for a volunteer position within the University of Michigan Health System. The Health System offers a variety of volunteer opportunities that include working with infants, children and the elderly. It will help us a great deal if you would carefully answer the following questions to the best of your knowledge and return this form to our office as soon as possible. **The information you provide will be held in the strictest confidence.**

1. How do you know the applicant or in what capacity have you known the applicant?

2. How long have you known the applicant? _____

3. How well do you know the applicant? **(Please circle one.)**

Very Well Well Average Little Very Little

4. How does the applicant approach people, cultures or lifestyles different from their own? With.. **(Please circle all that apply.)**

Open mindedness Curiosity Acceptance Caution Judgment

Other (please explain)

5. Have you had a chance to see the applicant with children of any age and/or elderly adults? If yes, how would you characterize their ability to interact with children and/or elderly adults? **Please circle all that apply.)**

Friendly Well-liked Impatient Inconsistent Flexible Caring
Understanding Engaging Creative Dependable

Other (please explain)

6. Are you aware of anything that would prevent the applicant from being an effective volunteer? If yes, please explain.

7. Keeping in mind the importance of commitment, reliability, stability and good judgment, what overall recommendation do you give this applicant? **(Please check one.)**

- My highest recommendation
 I recommend
 I recommend with reservations (please specify below)
 I cannot recommend this person to your program (specify below)

Comments: _____

Printed Name: _____

Address: _____

Telephone: _____

Signature: _____

Return form via US mail or fax to:

**UMHS VOLUNTEER SERVICES
L2616 Women's
1500 E. Medical Center Drive
Ann Arbor, MI 48109-5237
734-936-9423 (fax)**

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