

VOLUNTEER APPLICATION

DATE: _____

Last Name	First Name	M.I.	Home Phone
Mailing Address		Date of Birth	Cell Phone
City	State	Zip Code	Email
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
PREFERENCES AND QUALIFICATIONS			
How did you hear about our program?	Able to Work: (Check all that apply.) <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends		
Type of Volunteer Work Desired: <input type="checkbox"/> Errand/Escort <input type="checkbox"/> Rehab <input type="checkbox"/> Gift Shop <input type="checkbox"/> Greeter <input type="checkbox"/> Redicare/Family Practice <input type="checkbox"/> Maintenance/Grounds <input type="checkbox"/> Nursing/Swing Bed <input type="checkbox"/> Office/Administration <input type="checkbox"/> Special Events <input type="checkbox"/> Other			
List skills and/or special training that may qualify you for the position you are seeking:			
Do you have any physical limitations of which we should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____			
Do you take any medications of which we should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list: _____			
WORK OR VOLUNTEER HISTORY			
Beginning with your most recent position, list your employment and/or volunteer experience in the past ten years or less.			
1. Company Name, City, and State	Position	Dates Started and Ended	Reason for Leaving
Immediate Supervisor Name	Phone	May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____	
2. Company Name, City, and State	Position	Dates Started and Ended	Reason for Leaving
Immediate Supervisor Name	Phone	May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____	
3. Company Name, City, and State	Position	Dates Started and Ended	Reason for Leaving
Immediate Supervisor Name	Phone	May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____	
PROFESSIONAL REFERENCES			
NAME	PHONE	EMAIL	

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ADDITIONAL QUESTIONS

Have you ever been terminated from a position? Yes No

Are you volunteering as part of a Community Service requirement that is a condition of your probation or parole? Yes No

If yes, please describe your situation:

Probation Officer Name: _____ Phone: _____

Have you ever been employed by or volunteered for Eaton Rapids Medical Center? Yes No

If yes, indicate position and dates held: _____

Do you have any relatives employed at Eaton Rapids Medical Center? Yes No

If yes, indicate name and relationship: _____

ACKNOWLEDGEMENT

If accepted, I agree that I shall be bound by the rules, policies, regulations, terms and conditions of volunteerism of Eaton Rapids Medical Center. I understand that volunteering is contingent upon the satisfactory verification of the information stated in this document, reference checks and a satisfactory criminal background check.

I acknowledge that the answers given on this document are true and complete to the best of my knowledge. I understand that any misrepresentation, omissions of facts or incomplete answers in my application will disqualify me from further consideration for volunteering. I further understand that if accepted, any discovered misrepresentations or omissions of facts will be cause for my immediate dismissal without prior notice. I acknowledge that this application will be active for six (6) months, after which time I must re-apply for further consideration. I understand the volunteer position may be terminated by Eaton Rapids Medical Center or me at any time for any reason.

The signature below represents my current legal name. Any additional names I have used are printed below my signature.

Applicant Signature: _____ Date: _____

Additional Names (print): _____

PARENT/GUARDIAN AUTHORIZATION FOR MINOR APPLICANTS

This section is required for any person under the age of 18 in order to be considered for a volunteer position with Eaton Rapids Medical Center (ERMC).

I, _____, agree that my child, _____, may participate in the ERMC Volunteer Program. I have read, understand and confirm that all of the information provided on this document is true. I will be responsible for coordinating transportation for my child to participate in all ERMC volunteer-related events.

Parent/Guardian Signature: _____ Date: _____

Eaton Rapids Medical Center (ERMC) is free of unlawful discrimination, or harassment and all applicants and personnel are treated equally, without regard to race, age, creed, color, gender, sexual preference, religion, national origin, citizenship, height, weight, political beliefs, marital status, military and veteran status, handicap and disability. ERMC will not discriminate based on an arrest record unless prohibited by state and federal laws.