

VOLUNTEER APPLICATION FORM

Please **PRINT** in ink. Please answer all questions/sections completely.

PERSONAL INFORMATION

Name: _____
Last First M.I.

Home Address: _____

City _____ State _____ Zip Code _____-

Phone () _____ Fax () _____ Email _____

Business Address: _____

City _____ State _____ Zip Code _____-

Phone () _____ Fax () _____ Email _____

Birthdate: Month, Day, (Year optional) / /

In case of emergency notify:

Name _____ Relationship _____ Phone () _____

EDUCATION

Circle highest level completed:

High School 9 10 11 12 Diploma _____ G.E.D. _____

College 1 2 3 4 Degree _____ Major _____

Other, please explain _____

Are you volunteering to fulfill academic degree requirements? ___ No ___ Yes

REFERRAL SOURCE

Please circle how you learned about volunteer opportunities with the Barbara Ann Karmanos Cancer Institute.

Radio/T.V. Employer Newspaper Self Inquiry Physician/Nurse

Church/Temple Poster/Flyer Civic/Service Group School Friend/Family

Other(s), please explain: _____

The Barbara Ann Karmanos Cancer Institute is affiliated with the cancer programs of Wayne State University and The Detroit Medical Center. The Detroit Medical Center affiliates include: Children's Hospital of Michigan, Detroit Receiving & University Health Center, Harper Hospital, Huron Valley-Sinai Hospital, Hutzel Hospital, Rehabilitation Institute of Michigan and Sinai-Grace Hospital.

EXPERIENCE AND INTEREST

Volunteer Experience:

Organization(s): _____ Position(s): _____ Date/length of service: _____

Professional Experience:

Current employer: _____ Position: _____ Dates of employment: _____

Previous employer: _____ Position: _____ Dates of employment: _____

Civic/Professional Memberships:

Organization(s): _____ Position(s): _____ Dates of membership(s): _____

Volunteer Interests:

Please check any/all that may be of interest.

Please read these listings of volunteer opportunities on website.

Clinical Patient Support Special Projects

Special Skills: Please check all that apply

Computer Experience in (circle any/all) data entry word processing programming spread sheets database
 Clerical (i.e. typing, filing) Language Public Speaking Training Other _____

TIME AND LOCATION PREFERENCE

Availability: Please circle day(s)

Weekdays:	M	T	W	Th	F	Mornings	Afternoons	Evenings
Weekends:	Sat	Sun				Mornings	Afternoons	Evenings
TIME:					Weekly	1-2 Month	Monthly	Occasionally

Location Preference: (please list area in metropolitan Detroit) _____

BACKGROUND INFORMATION

Have you ever been convicted of a crime or violation? No Yes

If yes, please give date, charge, and current status _____

Do you have any felony charges outstanding? No Yes

If yes, please give date, charge, and current status _____

Are you volunteering to satisfy a court requirement? No Yes

If yes, please list your probation officer's name, phone #, and District Court _____

I certify that all responses on this document are true to the best of my knowledge. I understand that any misrepresentation of information constitutes cause for separation or termination from volunteer service.

Signature

Date

The Barbara Ann Karmanos Cancer Institute is an equal opportunity organization and will not unlawfully discriminate on the basis of race, sex, religion, national origin, age height, weight, marital or veteran status, or the presence of a medical condition or handicap. Michigan and Federal laws require employers to make accommodations to handicapped applicants and volunteers. If the handicap can be accommodated with certain guidelines and the individual can perform the essential job duties with or without such accommodations within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the Institute will preclude any claim that the employer failed to accommodate the handicapper.

DRUG-FREE WORKPLACE POLICY

OVERVIEW

This statement of policy and procedure for maintaining a drug-free workplace is required by regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. The regulations, published in the January 31, 1989 Federal Register, apply to all organizations receiving contract awards of \$25,000 or more, and all recipients of federal grants regardless of size. Applicable organizations must certify that they will maintain a drug-free workplace as set forth by the Act. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or debarment.

POLICY

It is the policy of the Karmanos Cancer Institute that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Karmanos workplace. Any violation of such prohibition will be dealt with according to the Institute's established disciplinary policy.

As a condition of employment, the employee/volunteer must abide by the terms of this policy and must notify the Institute Manager of Human Resources, of any criminal drug stature conviction for a violation occurring in the workplace no later than five days after such conviction. The Karmanos Cancer Institute is required and will notify the applicable federal contracting agency within ten days after receiving notice from an employee of a workplace drug conviction, or otherwise receiving actual notice of conviction.

Within 30 days of receiving such notice with respect to any employee/volunteer who is so convicted, the Karmanos Cancer Institute will take one of the following actions:

1. Take appropriate personnel action against such an employee/volunteer, up to and including termination.
2. Require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purpose by a Federal, State or local health, law enforcement, or other appropriate agency.

The Karmanos Cancer Institute will establish and maintain a drug-free awareness program intended to inform employees/volunteers about:

1. The Institute's policy of maintaining a drug-free workplace
2. The dangers of drug abuse in the workplace
3. Any available counseling, rehabilitation and employee assistance programs
4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace

CONCLUSION

The Barbara Ann Karmanos Cancer Institute will make a good faith effort to continue to maintain a drug-free workplace through implementation of the Drug-Free Workplace Policy.

I have carefully and thoroughly read the Karmanos Cancer Institute's Drug-Free Workplace Policy. My signature on this form indicates my unconditional agreement to follow this policy.

Date

Signature

Name (Printed)

STATEMENT OF CONFIDENTIALITY

The Karmanos Cancer Institute respects the rights of all persons to control the distribution of information about them.

All information disclosed in a relationship of trust is given with the understanding that it will not be divulged except in a manner agreed upon. Disclosure of any medical information must be protected. All Karmanos Cancer Institute employees and volunteers must respect this trust and treat all information in a manner that ensures confidentiality. Violation cannot be permitted and will be reviewed according to established Karmanos Cancer Institute policy.

As a member of the staff of Karmanos Cancer Institute, it is my responsibility to protect all research, patient, personnel and business information from improper or unauthorized disclosure. This includes all identifying information pertaining to patients, employees, volunteers and donors. The responsibility includes not merely passive acknowledgement but active support for and maintenance of confidentiality at all times.

My signature on this form is my personal assurance that I will not divulge confidential information.

Date

Signature (Employee/Volunteer)

Name (Printed)

PLEASE RETURN ALL FOUR COMPLETED/SIGNED FORMS TO:

**Barbara Ann Karmanos Cancer Institute
Volunteer Administration and Guest Services
4100 John R, Mail Code (HP02OC)
Detroit, MI 48201
QUESTIONS? Call (800) KARMANOS (527-6266)**