



# OAKLAND

50 N. Perry Street, Pontiac, MI 48342  
Office #: 248-338-5385 ☒ Fax #: 248-338-5667

<b>FOR OFFICE USE</b>
Date of Interview: _____
Date of Orientation: _____
Date of Active Membership: _____

## Volunteer Services Application

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

**NAME** \_\_\_\_\_ Are you 18 years of age, or under? \_\_\_\_\_

If under 18, a parent/guardian signature is required on the back and child's date of birth noted. If yes, date of birth: \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street City State Zip

**TELEPHONE** \_\_\_\_\_  
Home Cell

**E-MAIL** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_  
Name Phone Relationship

### REFERRAL SOURCE

How were you referred to our Volunteer Services at POHRMC?

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Friend / Relative               | <input type="checkbox"/> Website             | <input type="checkbox"/> Newspaper    |
| <input type="checkbox"/> Direct Mail                     | <input type="checkbox"/> Club / Organization | <input type="checkbox"/> Self-Inquiry |
| <input type="checkbox"/> Recruitment Event (PLACE) _____ | <input type="checkbox"/> Other _____         |                                       |

### CURRENT OCCUPATION STATUS

- |                                    |   |                                      |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Employed  | <input type="checkbox"/> Retired          | <input type="checkbox"/> Student     |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Looking for work | <input type="checkbox"/> Other _____ |

### VOLUNTEER / PAID EXPERIENCE (If applicable). Please include addresses.

**1. Organization** \_\_\_\_\_ **Assignment** \_\_\_\_\_

Duties \_\_\_\_\_

Dates of Service \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_  
Name Address: Street, City, State, Zip Code

**2. Organization** \_\_\_\_\_ **Assignment** \_\_\_\_\_

Duties \_\_\_\_\_

Dates of Service \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_  
Name Address: Street, City, State, Zip Code

### EDUCATION

Grade Level Completed \_\_\_\_\_ Major \_\_\_\_\_

If presently a Student \_\_\_\_\_  
Name of School \_\_\_\_\_

### SKILLS Please check any special skills, hobbies, or special interests you may have.

- |   |
|---|
| <input type="checkbox"/> Office / Clerical (please specify) _____   |
| <input type="checkbox"/> Care Giver (please specify) _____          |
| <input type="checkbox"/> Working with Public (please specify) _____ |
| <input type="checkbox"/> Other _____                                |

**LEVEL OF COMMITMENT**

Some of our volunteer opportunities require a higher level of commitment while others are able to accommodate short-term availability. Please help us understand your level of commitment so that we may determine an appropriate volunteer opportunity.

What level of commitment do you feel most comfortable now making? Check a box or specify below.

- Under 3 months       3 months       6 months       1 year

Are you volunteering to satisfy a requirement (school, court, etc.)?       Yes       No

If yes, why are required to complete these hours? \_\_\_\_\_

If yes, how many hours are required and by when?      # Hours: \_\_\_\_\_      By When: \_\_\_\_\_

**AVAILABILITY**

Please indicate the time commitment you are planning to make if your application is accepted by Volunteer Services? (ex: 10am – 12pm)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

Total number of hours per week you would like to volunteer \_\_\_\_\_ (minimum 4 hours per week required)

Are you applying for a SUMMER ONLY position?       Yes       No

**PLACEMENT PREFERENCES**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Office / Business | <input type="checkbox"/> Outpatient Services | <input type="checkbox"/> Building and Grounds |
| <input type="checkbox"/> Office / Medical  | <input type="checkbox"/> Patient Floor       | <input type="checkbox"/> Nursing Education    |
| <input type="checkbox"/> Cardiology        | <input type="checkbox"/> Pharmacy            | <input type="checkbox"/> Patient Access       |
| <input type="checkbox"/> Emergency Room    | <input type="checkbox"/> Surgical Services   | <input type="checkbox"/> Patient Accounting   |
| <input type="checkbox"/> Medical Imaging   | <input type="checkbox"/> Other: _____        |   |

**REFERENCES**

List 2 people, excluding relatives. **Please include COMPLETE addresses.** Incomplete applications may not be considered. References over 18 years old are requested.

Name \_\_\_\_\_ Address: Street, City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address: Street, City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of a crime, including a misdemeanor?       Yes       No      If yes please explain: \_\_\_\_\_

Are there any felony charges outstanding?       Yes       No      If yes please explain: \_\_\_\_\_

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 I specifically authorize POH Regional Medical Center to contact my references to obtain verification and to discover information about me they deem relevant. Misrepresentation of facts constitutes cause for separation from Volunteer Services at POHRMC.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent/Guardian signature required for volunteers under 18 years of age.**

I, \_\_\_\_\_ do hereby give my consent to release the following information under the Family Education Rights and Privacy Act of 1974.