



LAPEER REGION

VOLUNTEER APPLICATION FORM

DATE

LAST NAME			FIRST	MIDDLE	
ADDRESS		STREET	CITY	STATE	ZIP
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER		CELL PHONE NUMBER	
E-MAIL ADDRESS				GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
MICHIGAN DRIVERS LICENSE NUMBER		DATE OF BIRTH		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	
ARE YOU AWARE OF ANY MEDICAL, PHYSICAL OR MENTAL HANDICAP THAT WOULD AFFECT YOUR ABILITY TO PERFORM VOLUNTEER DUTIES? <input type="checkbox"/> Yes <input type="checkbox"/> No EXPLAIN: _____					
ARE YOU PRESENTLY ENGAGED IN ANY ACTIVITY AT MCLAREN LAPEER REGION? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN BELOW: _____					
ARE YOU PREPARING FOR ANY SPECIAL CAREER? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, DESCRIBE BELOW: _____					
EDUCATION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> OTHER: _____					
ARE YOU PRESENTLY A STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHERE: _____					
PLEASE LIST ANY SPECIAL SKILLS OR ABILITIES YOU POSSESS: <input type="checkbox"/> TYPING <input type="checkbox"/> FILING <input type="checkbox"/> SIGN LANGUAGE <input type="checkbox"/> OTHER: _____ _____ _____					
COMMUNITY AFFILIATIONS _____					
I AM INTERESTED IN BECOMING A VOLUNTEER BECAUSE: _____ _____					
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No			DATES OF EMPLOYMENT:		
EMPLOYER AND POSITION:			PHONE NUMBER:		
PREVIOUS EMPLOYER AND POSITION:			DATES OF EMPLOYMENT:		
HAVE YOU EVER BEEN A VOLUNTEER? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO, WHEN? WHERE?					



REFERENCES (Other than relatives)

NAME			PHONE NUMBER		
ADDRESS	STREET	CITY	STATE	MI	
NAME			PHONE NUMBER		
ADDRESS	STREET	CITY	STATE	MI	

PREFERRED SERVICE AND TIME

SERVICE AREA PREFERRED: EMERGENCY ROOM GIFT SHOP ESCORT SERVICE PATIENT RELATIONS INFO DESK
 FUND RAISING-SALES/SPECIAL EVENTS

DAYS PROFFERED:

MONDAY THROUGH FRIDAY _____

WEEKENDS _____

HOLIDAYS _____

HOURS PREFERRED:

MORNINGS _____

AFTERNOONS _____

EVENINGS _____

EMERGENCY CONTACT

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME: _____ RELATIONSHIP _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BACKGROUND CHECK (To protect your privacy, this form will only be seen by MLR Volunteer Services staff)

PLEASE INDICATE ANY OTHER NAME(S) EVER USED: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR: Yes No

IF YES, PLEASE EXPLAIN: _____

I GIVE MCLAREN LAPEER REGION PERMISSION TO CHECK MY CRIMINAL HISTORY WITH MICHIGAN LAW ENFORCEMENT AGENCIES, AND TO SEARCH MY HISTORY FOR INCIDENTS OF FRAUD WITH THE FRAUD AND ABUSE CONTROL INFORMATION DATABASE. I AUTHORIZE MCLAREN LAPEER REGION AND ITS AFFILIATES OR IT'S DESIGNATED AGENTS TO MAKE WHATEVER INQUIRES IT MAY DEEM NECESSARY IN CONNECTION WITH MY VOLUNTEER APPLICATIONS. AS PART OF SUCH INQUIRES, MCLAREN LAPEER REGION HAS MY PERMISSION TO CONTACT PERSONS WHO MAY HAVE INFORMATION RELATING TO MY SUITABILITY FOR VOLUNTEER WORK. I FURTHER AUTHORIZE MCLAREN LAPEER REGION, IN ITS SOLE DISCRETION TO FURNISH COPIES OF THIS AUTHORIZATION AND MY VOLUNTEER APPLICATION TO ANY PERSONS IN CONNECTION WITH THE ABOVE PROCESS.

I UNDERSTAND THAT MY ENROLLMENT AS A VOLUNTEER IS CONTINGENT UPON SUCCESSFUL COMPLETION OF THE APPLICATION PROCESS. FOR MY CRIMINAL HISTORY TO BE VERIFIED AND TO HAVE MY HISTORY SEARCHED FOR FRAUD AND ABUSE. I AGREE TO RELEASE MCLAREN LAPEER REGION, IT'S AFFILIATES, AND ALL PARTIES FROM ANY LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION.

IF I AM SELECTED AS A MCLAREN LAPEER REGION CENTER VOLUNTEER I AGREE TO ABIDE BY ALL HOSPITAL RULES, REGULATIONS AND EXPECTATIONS. I UNDERSTAND THAT EITHER PARTY MAY CANCEL THIS RELATIONSHIP AT ANY TIME.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO INFORM MCLAREN LAPEER REGION OF ANY CHARGES.

SIGNATURE: _____ DATE: _____

Note: A criminal history will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriates of an individual to be a McLaren Lapeer Region Volunteer

AS A VOLUNTEER, YOU WILL HAVE THE OPPORTUNITY TO LEARN A GREAT DEAL ABOUT THE HEALTH CARE INDUSTRY. THE EXPERIENCE THAT YOU ACQUIRE MAY BE OF VALUE IN THE FUTURE. HOWEVER, THAT FACT THAT YOU HAVE BEEN ACCEPTED AS A VOLUNTEER BY MCLAREN LAPEER REGION IS NOT TO BE CONSTRUED IN ANY MANNER AS A GUARANTEE OF FUTURE EMPLOYMENT OR A COMMITMENT THAT YOU MAY BE CONSIDERED FOR OR OFFERED EMPLOYMENT BY THE MEDICAL CENTER AT SOME FUTURE DATE.