



Thank you for your interest in becoming a volunteer at Ascension Macomb-Oakland Hospital. Please see below for information regarding your decision to donate your special time and talent to our patients and families we serve.

### **VOLUNTEERING AT A GLANCE**

- We have a variety of opportunities in patient care and non-patient care at both of our hospital centers. We can make a match for your interests and talents.
- We ask that you be at a minimum of 16 years of age.
- Be able to join us weekly for a three- four hour shift for 100 hours of service (approximately 6 months.) For summer only volunteering, we are looking for 50 hours of service (approximately 3 months). Please note there are limited summer only opportunities. You should apply by March for summer.
- First, you will need to schedule an interview, complete a two-hour volunteer orientation, attend an additional training arranged on the job. Your orientation and interview will be at our Warren Campus.
- Be willing to provide medical history information and take a test for tuberculosis. We also require and provide annual flu immunization.
- Be willing to provide references, a copy of your ID and undergo a state and national background check requiring your social security number.

### **BECOMING A VOLUNTEER**

- I am ready to make a difference! I am mailing, faxing or scanning my application to Ascension Macomb-Oakland Hospital (see below).
- I will be contacted to set up the next step.
- Due to orientation schedules, please note the process can take up to 8 weeks.

**Mail, fax or scan your FULLY completed application to:  
Ascension Macomb-Oakland Hospital, Volunteer Services  
11800 East 12 Mile Rd., Warren, MI 48093  
Phone: (586) 573-5112, Fax: (586) 573-5334, [Kevin.Hood@ascension.org](mailto:Kevin.Hood@ascension.org)  
*We are looking forward to hearing from you!***

# VOLUNTEER APPLICATION

*PLEASE ANSWER ALL QUESTIONS – TYPE OR PRINT CLEARLY*

<b><i>Personal Information</i></b>	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Name	
Street Address	
City/State/Zip Code	
Home phone (      )	Other phone (      )
E-mail address	
Are you 18 years of age or older <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (month/date/year) ( Need for security check)
<input type="checkbox"/> Adult <input type="checkbox"/> College Student <input type="checkbox"/> High School Student	
Are volunteer hours required to meet academic or Community Service requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, number of volunteer hours required.	
Are you a U.S. Citizen or otherwise authorized to volunteer in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you ever been convicted of a crime? Misdemeanor <input type="checkbox"/> No <input type="checkbox"/> Yes Felony <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b><i>Emergency Contact Information</i></b>	
Name	Relationship
Home phone (      )	Other phone (      )
Street Address	
City/State/Zip Code	
<b><i>Reference (one non-family member)</i></b>	
Name	Relationship
Street Address	
City/State/Zip Code	
Daytime Phone (      )	
<b><i>Occupation</i></b>	
<input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Other _____	
<b><i>Sites and Areas of Interest</i></b>	
<input type="checkbox"/> Patient Contact <input type="checkbox"/> Non-patient contact <input type="checkbox"/> Where needed <input type="checkbox"/> Ascension St. John Hospital– 22101 Moross Rd., Detroit, MI 48236 <input type="checkbox"/> Ascension Macomb-Oakland Hospital, Warren Campus – 11800 E. 12 Mile Rd., Warren, MI 48093 <input type="checkbox"/> Ascension Macomb-Oakland Hospital, Madison Heights Campus– 27351 Dequindre, Madison Heights, MI 48071	
<b><i>Volunteer Experience</i></b>	
Organization:	Dates of Service:

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**Availability**

*Please indicate day(s) and time(s) you are available to volunteer.*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

**Special Skills – check all that apply**

Accounting/Finance     Artist     Cashier/Retail     Clerical/Office     Computer  
 Event Planning     Gardening     Graphics Design     Marketing/Communications  
 Music     Photography     Public Speaking     Teaching/Training     Writing/Reporting  
 Languages – Please list and indicate any languages you can speak fluently

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**Education**

Grade Level Completed \_\_\_\_\_ Degree(s) \_\_\_\_\_ Major(s): \_\_\_\_\_

If currently a student, state school name and major(s): \_\_\_\_\_

Anticipated year of graduation: \_\_\_\_\_

Teens Only: Grade \_\_\_\_\_ GPA: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

**Volunteer Objectives – briefly describe your reasons for volunteering**

Give three adjectives to describe you: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Assignment Preference**

Clerical     Coffee Shop     Emergency     Gift Shop     Greeter     Hair/Nail Stylist  
 Information Desk     Musician     Patient Care     Pet Therapy     Surgical Lounge  
 Other \_\_\_\_\_

**Ascension Macomb-Oakland Hospital, Volunteer Services  
Applicant Reference Form**

*This form should be completed fully by someone that knows you in a professional or academic setting. We do not accept family members as a reference.*

**Volunteer Applicant's Name:** \_\_\_\_\_

**Reference Person's Name:** \_\_\_\_\_

**Reference Person's Telephone #** \_\_\_\_\_

- 1.) In what capacity have you known the applicant?
  
- 2.) How long have you known him/her?
  
- 3.) What do you consider to be the applicant's character strengths and how have they been demonstrated?
  
- 4.) Would you recommend that the applicant volunteer in a hospital setting?
  
- 5.) Additional Comments or Feedback:

**Reference Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REFERENCE GIVER:** *Please return this form to the applicant in a sealed and signed envelope.*

**APPLICANT:** *Please bring this to your interview.*

*Ascension Macomb-Oakland Hospital, Warren Campus, Volunteer Services*

*11800 East 12 Mile Rd, Warren, MI 48080*

*Fax: 586-573-5334, Phone: (586) 573-5112, e-mail: [Kevin.Hood@ascension.org](mailto:Kevin.Hood@ascension.org)*

**Please read carefully.**

***Please read the following carefully and sign and date:***

***I understand that commitment is the foundation for success of any volunteer program and I agree to serve the St. John Providence Health System as a volunteer for a minimum of 4 hours per week for a minimum of 6 months. I further agree to contact my placement site of any absences or change to my schedule. I agree to also contact the Volunteer Services Office if I need to make changes to my schedule or leave my service. I will return my badge when service is terminated. I have read all the questions and certify that the information I have given in this application is correct to the best of my knowledge. I understand that any false statements or omissions may be grounds for dismissal. I further understand that my volunteering is contingent upon the satisfactory completion of all required tests, checks and trainings outlined in this application and at orientation.***

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_**