

205 N. East Avenue
Anderson Building – First Floor
Telephone (517) 205-4840
Fax (517) 205-6434

Dear Potential Volunteer,

We're excited that you're interested in becoming a Summer Youth Volunteer at Henry Ford Jackson Hospital. Volunteering in our health system is a rewarding opportunity for you to discover and utilize your talents, master your skills, meet new friends and be an integral part of the Henry Ford Jackson team, all while creating an excellent experience for every patient and visitor that walks through our doors.

Our volunteer force includes a variety of individuals representing ages from high school students to seasoned adults. To ensure that our volunteer staff has the tools needed to serve our patients and visitors the right way every time, we have a list of minimum requirements that applicants must sign off on before an interview is scheduled. This checklist is included in the application packet.

After completing your application, **please submit it by Wednesday, April 30** in one of the following ways:

- Mail it to *Volunteer Services, Attn: Jenny Burmeister, 205 N. East Ave, Jackson MI 49201*
- E-mail it to Jenny Burmeister at jburmei2@hfhs.org

Reviewing your application will enable us to get acquainted with you and assist us in striking a balance in between your skills and interests and our available summer positions. We will contact you after we process your completed application. The Summer Youth Program has limited spaces, and we will be selecting our participants following face to face interviews with each applicant.

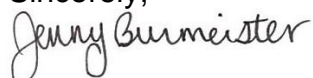
The invitation-only 2025 Summer Youth Volunteer Orientation will be scheduled during the week of June 9-13, and details will be provided following the interview. Orientation is mandatory and will be followed up with assignment-specific training.

Please Note: All volunteers will be required to complete a health screening (checklist included within the application) as required by Henry Ford Health's volunteer compliance standards. *A parent/legal guardian must be present for any immunizations provided by HFJH Employee Health.*

Students who are selected for the program will work a minimum of one four-hour shift per week for eight weeks (June 9 – August 8), but participants may be approved to work multiple shifts per week. We will do our best to accommodate predetermined vacations, camps or sports, but participants must commit to all chosen shifts for the entire duration of the program. It will also be expected that participants communicate any scheduling conflicts in advance.

If you have any questions, please feel free to call us at 517-205-4840 or email jburmei2@hfhs.org.

Sincerely,



Jenny Burmeister
Manager, Volunteer Services

HENRY FORD HEALTH

Henry Ford Jackson Hospital Health Youth Volunteer Application

Mr. Ms.

Name: _____
 First Middle Initial Last

Home Address: _____
 Street
 _____ _____ _____
 City State Zip Code

Phone: _____ Email Address _____
(Email is our primary method of contact, please check your inbox regularly)

Name of High School: _____

Grade you are in **currently** (*ie. Freshman, Sophomore, Junior, Senior*) _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Employment experience:

Occupation/Title	Employer	# Years Experience
_____	_____	_____
_____	_____	_____

Prior volunteer experience:

Volunteer role	Organization or Agency	# Years Experience
_____	_____	_____
_____	_____	_____

Do you speak a language fluently other than English? Yes No

If yes, please list: _____

REFERENCES:

(These should not be relatives)

Name	Relationship	Telephone	Best time to reach
1. _____	_____	_____	_____
2. _____	_____	_____	_____

What special skills can you bring to our volunteer program?

Do you have any hobbies? _____

Hours available to volunteer (June 9 – August 8): (please specify times, ie. 8am-12pm, 12pm-4pm)

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Sunday: _____

Do you have any planned absences between June 9 – August 8? (Vacations, Camps, etc.) *Please note that multiple absences may affect participation eligibility as departments rely on volunteers to be available consistently each week.*

Please list the type of absence and the dates when you will be gone:

Absence: _____ Dates: _____

Absence: _____ Dates: _____

How did you learn about the volunteer opportunities at Henry Ford Jackson Hospital?

I have completed the above information to the best of my ability, and understand that any falsification of the information provided above may prohibit my activities as a volunteer. I agree to inform Henry Ford Jackson Hospital of any changes.

If I am selected as a Henry Ford Jackson Hospital Volunteer, I agree to abide by all the hospital rules, regulations and expectations. I understand that either party may cancel this relationship at any time.

Signature _____ Date _____

Youth Volunteer Requirements Checklist

- All applicants must complete a face to face interview with Volunteer Services staff.
- All volunteers must complete the mandatory volunteer orientation where they receive confidentiality training as well as environment of care instruction.
- A minimum commitment of one four-hour shift per week for eight weeks is required from all Summer Youth Program participants and any planned absences must be communicated in advance. *Please note that multiple planned absences may affect participation eligibility.*
- All student volunteers will be required to complete Henry Ford Health's volunteer immunization compliance standards. This includes a TB skin test, and current TDAP and MMR vaccines along with any other items as required at the time of participation. A parent or legal guardian must be present for any immunization(s) provided by HFJH Employee Health.
- All volunteers will be issued a uniform for their service. Please indicate your preferred t-shirt size (*standard adult sizes: S, M, L, XL, etc*): _____
- Our primary method of communication will be email. Applicants are responsible for checking their inboxes regularly (including spam/junk folders) to be sure they are responsive to each step of the onboarding process.

By checking each box above, I indicate that I have read and understand the minimum annual requirements of volunteering for Henry Ford Jackson Hospital. I also understand that these requirements may be changed at any time in accordance with best practice and/or organizational improvements for patient safety and guest experience.

Signature _____ Date _____

PARENTAL/GUARDIAN PERMISSION FOR APPLICATION/ REFERENCE CHECK *IF APPLICANT IS UNDER 18 YEARS OF AGE OR IF APPLICANT IS NOT THEIR OWN GUARDIAN*

This section is required for any person under the age of 18 in order to be considered as a volunteer with Henry Ford Jackson Hospital (HFJH).

I, _____, agree that my child _____ may participate in the HFJH Volunteer Program, I have read and understood all the Volunteer information provided. I will be responsible for coordinating transportation for my teen to and from onboarding appointments and jobs as needed.

Parent/Guardian Signature: _____ **Date:** _____

Volunteer Interest Sheet

Name: _____ Phone: _____

E-mail: _____

One of our goals as a department is to have our volunteers cross-trained and available to help out in multiple areas. We recognize that you may already have an area where you would like to volunteer, and that is great! We will always do our best to place you in your first choice role; however, we cannot guarantee that a spot will always be available right away. We would like to know your interests so we can find a great placement for you where you will be successful and enjoy your shift.

Please rank (1, 2, 3) the top three areas you would be interested in helping out with on a consistent basis. This list is not all-inclusive, but gives a sense of some of the positions volunteers are assigned to. All positions require excellent customer service skills.

_____ **Wayfinding/Registration Escort:** Escort patients and families to various locations within the hospital, engage in conversation and have a positive attitude, must be able to walk and be on your feet for a good portion of the shift

_____ **Surgery Department/Units (main hospital and offsite):** Work under supervision of Certified Nursing Assistants (CNA), make up gurneys, put files together, other tasks to assist staff

_____ **Offsite Clinical Support:** Assist nurses and staff with preparing carts, preparing patient packets, cleaning and preparing supplies to aid in workflow, other tasks as requested by staff

_____ **Emergency Department:** Greet patients, assure comfort of patients and families, assist staff, restock pantry (*Position availability TBD for Summer '25*)

_____ **Gift Shop:** Assist customers with selections, ring up items, answer phones, help keep shop neat and dusted

_____ **Cancer Center:** Answer phones, assist staff, comfort patients and families, provide comfort items

_____ **Customer Service Desk:** Greet guests, escort to various destinations within the hospital, give directions **Desk locations may vary within main hospital*

_____ **Patient Rounding:** Visit with patients on pre-approved units and offer comfort items such as magazines, puzzles, books, greeting cards