

HFHS Volunteer Application 2023 Summer Teen Program

Return completed application to volunteerservices@hfhs.org incomplete applications will not be accepted.

*First Name: _____ MI: _____ *Last Name: _____

*Name (Preferred): _____ *Volunteer Location Choice (Each BU listed): _____

*Home Address: _____ *City: _____ * State: _____ *Zip code: _____

Mobile Phone: _____ Home Phone: _____

*Email Address: _____

*Date of birth: _____ *Gender: Male or Female

*Are you 18 years of age or older? Yes or No *Are you your own guardian? Yes or No

* Are you a citizen of the US? Yes or No

*If not a US citizen, do you possess a valid U.S. immigration status that authorizes you to be lawfully present in the U.S. and to volunteer at a health care facility for duration of your proposed volunteer service? Yes or No

Current Employer: _____ Job Title: _____

May we contact you at work? Yes or No Work Phone: _____

If a student, please list school attending:

Grade Level Completed: _____ College Major: _____

Degrees Earned: _____

Are you volunteering to meet an academic or outside requirement? Yes or No

If yes, please explain:

Availability

How many hours per week do you want to volunteer: _____

Date you can start volunteering: _____ End date, if applicable: _____

List times that you are available to volunteer (please note not all the times you list may be open for the department you selected/are assigned due to a large volume of volunteers, please be open to all times you write down):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours (i.e. 8am-12pm)							

*Complete this question only if you have been accepted by a HFH Department please indicate name of department and contact person.

*IF this question does not apply to you move on:

Department: _____

Contact person/Number for department: _____

Emergency Contact

*Contact Name: _____ *Relationship: _____

*Mobile: _____ * Home: _____ * Work: _____

Email Address: _____

HFHS VOLUNTEER AGREEMENT STATEMENT

- I understand that if I am selected as a volunteer at HFHS, I am not, under any circumstances, an agent or employee of HFHS.
- I will not receive any compensation or benefits, including but not limited to, worker's compensation. I have not been given a promise of employment in return for my volunteer work. I have not been coerced and am doing this entirely of my own accord. Any hours I volunteer will be in accordance to a schedule mutually developed by me and the Volunteer Department.
- I agree to comply with the HFHS's policies, including but not limited to, confidentiality, harassment, disruptive behavior, nicotine and substance abuse
- I acknowledge that HFHS and I each have the right to terminate my volunteer relationship at any time.
- I understand that disclosing confidential information about a patient, employee, or other volunteer is strictly prohibited and grounds for immediate termination, and fines could be assessed.
- I agree to comply with initial and annual health screening requirements, to follow the appropriate dress code, and not to impose religious or other beliefs or values on patients, HFHS staff, families, or other volunteers.
- I agree to be considerate of others and conduct myself in a courteous and professional manner and to fulfill my commitment by completing all assignments to the best of my ability.

Signature: _____ **Date:** _____

PARENTAL/GUARDIAN PERMISSION FOR APPLICATION/ REFERENCE CHECK/ VOLUNTEER AGREEMENT

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 HFHS.

I, _____, agree that my child _____

may participate in the HFHS Volunteer Program, I have read and understood all the Volunteer information provided. I will be responsible for transportation of my child to and from jobs and events.

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

HFHS VOLUNTEER AGREEMENT STATEMENT

Please read the following information carefully before signing this application:

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby willingly consent to the completion of a background investigation and authorize Henry Ford Health System and/or its agents to request from any individual, company, firm, corporation, or public agency, including bona fide law enforcement agencies, any records, or information pertaining to me. I further authorize any individual, company, firm, corporation or public agency, including bona fide law enforcement agencies, to divulge any and all information, verbal or written including fingerprints pertaining to me, including information or data received from other sources to Henry Ford Health System and/or its agents. I hereby waive notice of the release or disclosure of such information

It is my understanding that any information obtained in the course of the background investigation will be held strictly confidential by Henry Ford Health System and its agents. Information gathered will be used only in connection with my application to be a volunteer, I hereby authorized Henry Ford Health System and/or its designated agents and representatives to conduct a comprehensive review of my background, which may include information concerning my criminal, motor vehicle, and other history.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke this authorization at any time to the extent it has not been acted on, provided I do so in writing to Henry Ford Health System.

Signature: _____ **Date:** _____

Please list other/previous names that you have used in the past 7 years			
First Name: _____	Last Name: _____	Middle Name: _____	
From: Mo/Yr. _____	To: Mo/Yr. _____		
First Name: _____	Last Name: _____	Middle Name: _____	
From: Mo/Yr. _____	To: Mo/Yr. _____		

Please list Residence Addresses for the Past 7 Years			
Street: _____	City: _____	State: _____	Zip: _____
Street: _____	City: _____	State: _____	Zip: _____
Street: _____	City: _____	State: _____	Zip: _____
Street: _____	City: _____	State: _____	Zip: _____

Have you ever been convicted of a felony? Yes or No

If yes, please explain and provide dates: _____

Have you ever been convicted of a misdemeanor, or any other criminal offence? Yes or No

If yes, please explain and provide date:

I certify that all information I have and will provide throughout the selection process, including on this application and in interviews with HFHS is true, correct, and complete to the best of my knowledge. I understand that information contained on my application will be verified by HFHS. I understand that misrepresentations or omissions may be cause for my immediate termination as a volunteer.

Signature: _____ **Date:** _____