



**Volunteer Services**  
**2799 W Grand Blvd H-121**  
**Detroit, MI 48202**  
**Telephone: 313-916-7495/313-916-1876**  
**Fax (313) 916-2891**

Dear Henry Ford Cancer Pavilion Volunteer Applicate,

Thank you for your interest in the Volunteer Program at Henry Ford Cancer Pavilion. Volunteering at our hospital is a rewarding opportunity to meet new people, develop new skills and enhance the customer experience for Henry Ford Cancer Pavilion patients and their loved ones. Becoming a volunteer means becoming a partner with hospital staff and working together to achieve the hospital's goals.

Our volunteer force includes a variety of individuals representing ages from high school students to seasoned adults. Most volunteers work one four (4) hour "shift" a week in one specific area, with a definite ongoing schedule. We prefer that you give us a minimum commitment of 6 months, unless you are a student looking for a summer volunteer opportunity. Summer spots are limited and available on a first come, first served basis.

After you have completed the application, please return it to the Volunteer Services Department at [volunteerservices@hfhs.org](mailto:volunteerservices@hfhs.org). Reviewing your application will enable us to get acquainted with you and assist us in determining your goals as a volunteer. We will contact you for an interview appointment when we receive your application.

Background checks are completed on all volunteer applicants. Additionally, volunteers are required to completing a health screening prior to participation.

Volunteer Orientation is mandatory for all volunteers and we are able to offer much of the training virtually. We will provide Orientation details after we complete the interview portion of the application process.

If you have any questions, please contact Patrice Holiness 313-916-7495 or Erin O'Mara 313-916-1876.

Sincerely,

Patrice Holiness & Erin O'Mara  
Coordinators, Volunteer Services

# Volunteer Application

## Personal Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name (Preferred): \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you 18 years old or older? Yes No

Are you a citizen of the United States? Yes No

Do you possess a valid US immigration status that authorizes you to be lawfully present in the US for the duration of your proposed volunteer service? Yes No

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

If a student, please list school attending:

Major/Minor: \_\_\_\_\_ Grade Level Completed: \_\_\_\_\_

Degrees Earned:

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

If yes, please explain: \_\_\_\_\_

What special skills can you bring to our volunteer program?

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)							

Do you have a specific assignment in mind? \_\_\_\_\_  
 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 Information

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Henry Ford Health Volunteer Agreement Statement

I consent to becoming a volunteer at Henry Ford Health. I understand that I am not, under any circumstances, an agent or employee of Henry Ford Health.

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 with a schedule mutually developed by me and the volunteer department.

I agree to comply with Henry Ford Health's policies, including but not limited to, confidentiality, harassment, and disruptive behavior.

I acknowledge that Henry Ford Health 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, HFH 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.

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

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Parent/Guardian Permission for Application/Volunteer Agreement

I, \_\_\_\_\_, agree that my child, \_\_\_\_\_, may participate in the Henry Ford Health volunteer program. I have read and understood all the information provided.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# HENRY FORD HEALTH

## Volunteer Services

### **AUTHORIZATION FOR BACKGROUND INVESTIGATION**

#### **Read Carefully**

I hereby willingly consent to the completion of a background investigation and authorize Henry Ford Health 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 during the background investigation will be held strictly confidential by Henry Ford Health and its agents. Information gathered will be used only in connection with my application to be a volunteer, I hereby authorized Henry Ford Health 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.

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

### **AUTHORIZATION FOR CRIMINAL CONVICTION HISTORY**

#### **Read Carefully**

As a prospective volunteer of Henry Ford Hospital, I understand it is their policy to secure criminal conviction history information as part of their screening process using the information provided below:

#### **Please Print**

**Name** \_\_\_\_\_  
*(Last) (First) (Middle)*

**Maiden Names/Names Previously Used** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Race** \_\_\_\_\_

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