

Volunteer Services

**Anderson Building – First Floor
205 N. East Avenue
Jackson, MI 49201
Telephone (517) 205-4840
Fax (517) 205-6434**

Dear Potential Henry Ford Jackson Hospital Volunteer,

Thank you for your interest in the Volunteer Program at Henry Ford Jackson. Volunteering at our hospital is a rewarding opportunity to meet new people, develop new skills and enhance the customer experience for Henry Ford Jackson 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.

Volunteers receive confidentiality training, customer relations education and a general hospital orientation prior to placement and training for their assigned position.

After you have completed the application, please return it to the Volunteer Services Department. 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. We need your permission to conduct the check, and an authorization will be provided following your interview. Additionally, volunteers are required to follow all hospital protocol which includes completing a health screening prior to participation and any items specifically related to Covid-19 policies.

Volunteer Orientation is mandatory for all volunteers and we are able to offer most 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 feel free to call our office, at 517-205-4840.

Sincerely,



**Jenny Burmeister
Manager, Volunteer Services**



Henry Ford Jackson Hospital
Volunteer Application

Name: _____ Mr. Mrs. Miss Ms. Dr.
Last First Middle Initial

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

Winter Address: _____ Winter Phone: _____
Street
City State Zip Code

Email Address _____

Occupation: _____ May we contact you at work? Yes No

Work Phone: _____

Person to contact in case of emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Prior 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 languages below:

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: (please specify times, 8am-12pm, 12pm-4pm, 4pm-8pm)

Monday: _____ Thursday: _____ Saturday: _____

Tuesday: _____ Friday: _____ Sunday: _____

Wednesday: _____

Anticipated length of volunteer service:

1 Semester 6 months 1 Year indefinite other _____

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

Do you have a specific assignment in mind?

Are you volunteering for court-ordered community service? Yes No

If yes, please describe your situation:

Probation Officer Name and Phone Number: _____

Agency Name _____ Agency Address _____

Hours Needed _____ By What date? _____

Are you volunteering for the Legacy Scholarship? Yes No

If yes, what school? _____

Hours Needed _____ By What date? _____

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 _____

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 jobs and events.

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

Vehicle Registration Form

Directions: Please enter the appropriate information for all vehicles to be driven to/from work.

Name:	
Department:	Volunteer Services
Job Title:	Volunteer

Vehicle #1	
Make:	
Model:	
Year:	
Color:	
License Plate #:	

Vehicle #2	
Make:	
Model:	
Year:	
Color:	
License Plate #:	

Vehicle #3	
Make:	
Model:	
Year:	
Color:	
License Plate #:	

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 plan 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*)

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

_____ **Hospice:** Volunteer areas: Patient Care/Visitors, Office Support, Bereavement, Hospice Home

_____ **Cancer Center:** Answer phones, assist staff, comfort patients and families, excellent customer service skills

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

_____ **Outpatient Infusion Therapy:** Answer phones and call lights, assist staff with preparing supplies, visit with patients and families, provide comfort items, assist with clerical items as requested

_____ **Pet Therapy:** Visit with patients and staff, excellent customer service skills, **Must have current certification for your therapy animal. For questions, contact Volunteer Services at 517-205-4840.*

_____ **Healing Arts Program:** Musicians and/or artists may apply for a volunteer role to share their passion for the arts to uplift patients during treatment. Art forms may include visual, literary, dance, film, theater, digital media, musical performance. **Applicants will be pre-screened by Healing Arts Program manager prior to acceptance in this role. For questions, contact Volunteer Services at 517-205-4840*