

## **Volunteer Services**

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

Dear Potential Henry Ford Allegiance Health Volunteer,

Thank you for your interest in the Volunteer Program at Henry Ford Allegiance Health. Volunteering at our hospital is a rewarding opportunity to meet new people, develop new skills and enhance the customer experience for Henry Ford Allegiance Health 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 over 450 adults and high school students. 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 is enclosed in this packet.

Volunteer Orientation is scheduled each month on the first Tuesday (excluding December). We will invite you to attend Orientation after we complete the interview portion of the application process. Orientation is mandatory for all volunteers, however, in extreme circumstances, we can arrange for an alternative orientation day and time.

If you have any questions, please feel free to call our office, at 517-205-4840.

Sincerely,



**Rebecca Mayer  
Director of Volunteer Services**



Henry Ford Allegiance Health  
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

Birthdate: \_\_\_\_\_ 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 Allegiance Health?

\_\_\_\_\_

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 Allegiance Health of any changes.

If I am selected as a Henry Ford Allegiance Health 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 Allegiance Health (HFAH).

I, \_\_\_\_\_, agree that my child \_\_\_\_\_ may participate In the HFAH 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:** \_\_\_\_\_

**AUTHORIZATION FOR BACKGROUND INVESTIGATION****Read Carefully**

In connection with my application to volunteer at Henry Ford Allegiance Health, I hereby authorize them, or their agents, to request from any person or former employer any record or information that pertains to me. I further consent to disclosure of such information, if any, to them or their agents by any person or former employer. I release any person and his or her employer from any claim of liability for disclosure of information concerning me to Henry Ford Allegiance Health or their agents.

It is my understanding that Henry Ford Allegiance Health and their agents will hold any information obtained in the course of the background investigation strictly confidential. Information gathered will be used only in connection with my application to volunteer at Henry Ford Allegiance Health.

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

**AUTHORIZATION FOR CRIMINAL CONVICTION HISTORY****Read Carefully**

As a prospective volunteer of Henry Ford Allegiance Health, 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* \_\_\_\_\_

I understand that the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the information above. I authorize Henry Ford Allegiance Health and their agents to utilize the above information for the sole purpose of conducting a conviction only criminal history file search.

I release any person and his or her employer from any claim of liability resulting from the disclosure of criminal history information to Henry Ford Allegiance Health and/or their agents.

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



### Vehicle Registration Form

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

Name:	
Department:	
Job Title:	

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:**

\_\_\_\_\_ **Wellness Center:** Keep locker rooms stocked, laundry, coffee, excellent customer service skills

\_\_\_\_\_ **Wayfinding/Registration Escort:** Escort patients and families to various locations within the hospital, excellent customer service skills, must be able to walk and be on your feet for a good portion of the shift

\_\_\_\_\_ **3<sup>rd</sup> Floor Day Surgery:** Work under supervision of CNA, make up gurneys, put files together, other tasks to assist staff, excellent customer service skills

\_\_\_\_\_ **3<sup>rd</sup> Floor Surgery Family Waiting Room:** Work under supervision of Customer Services Reps, maintain patient schedule and corresponding family members/visitors, coordinate communication with visitors/family members and clinical staff, stock refreshments, other tasks to assist staff, excellent customer service skills, must be organized and detail-oriented

\_\_\_\_\_ **Emergency Department:** Greet patients, assure comfort of patients and families, assist staff, restock pantry, excellent customer service skills

\_\_\_\_\_ **Gift Shop:** Assist customers with selections, ring up items, answer phones, help keep shop neat and dusted, excellent customer service skills

\_\_\_\_\_ **Hospice:** Volunteer areas include: 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

\_\_\_\_\_ **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)*

**Additional Opportunities— Please check all that you would be interested in helping with on occasion.**

\_\_\_\_\_ **Monthly Vendor Sales:** Once a month, work the hospital-sponsored sales to process shoppers' transactions

\_\_\_\_\_ **Office projects and Data entry:** Perform office duties on large projects, ie): folding, stuffing, labeling, filing, sorting, etc. Assist with data entry for large volumes of information as needed

\_\_\_\_\_ **Gift Shop back room:** Help in the Gift Shop with stock during holidays and inventory

\_\_\_\_\_ **Special Events:** Help greet, welcome, and escort guests coming to HFAH for events and meetings