

VOLUNTEER APPLICATION

					DATE
LAST NAME		FIRST		MIDDLE	
ADDRESS	STREET	CITY	STATE	ZIP	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER		CELL PHONE NUMBER	
PAGER		E-MAIL ADDRESS		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MICHIGAN DRIVERS LICENSE NUMBER		DATE OF BIRTH		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
NAME OF SPOUSE			OCCUPATION OF SPOUSE		
ARE YOU AWARE OF ANY MEDICAL, PHYSICAL OR MENTAL HANDICAP THAT WOULD AFFECT YOUR ABILITY TO PERFORM VOLUNTEER DUTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: _____					
ARE YOU PRESENTLY ENGAGED IN ANY ACTIVITY AT BAY REGIONAL MEDICAL CENTER? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, EXPLAIN BELOW.					
ARE YOU PREPARING FOR ANY SPECIAL CAREER? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, DESCRIBE BELOW.					
DO YOU HAVE TRAINING IN ANY SPECIAL AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, DESCRIBE BELOW.					
EDUCATION <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> OTHER:					
ARE YOU PRESENTLY A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE:					
PLEASE LIST ANY SPECIAL SKILLS OR ABILITIES YOU POSSESS <input type="checkbox"/> TYPING <input type="checkbox"/> FILING <input type="checkbox"/> SIGN LANGUAGE <input type="checkbox"/> OTHER: _____					
DO YOU SPEAK A FOREIGN LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH ONES:					
COMMUNITY AFFILIATIONS _____					
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				DATES OF EMPLOYMENT	
EMPLOYER				PHONE NUMBER	
PREVIOUS EMPLOYER				DATES OF EMPLOYMENT	
HAVE YOU EVER BEEN A VOLUNTEER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN? WHERE?					

REFERENCES (Other than relatives)

NAME			PHONE NUMBER	
ADDRESS	STREET	CITY	STATE	ZIP
NAME			PHONE NUMBER	
ADDRESS	STREET	CITY	STATE	ZIP

PREFERRED SERVICE AND TIME

SERVICE AREA PREFERRED: _____

DAYS PREFERRED:

MONDAY THROUGH FRIDAY _____

WEEKENDS _____

HOLIDAYS _____

HOURS PREFERRED:

MORNINGS _____

AFTERNOONS _____

EVENINGS _____

EMERGENCY CONTACT

IN CASE OF EMERGENCY PLEASE NOTIFY: _____

NAME	RELATIONSHIP	PHONE NUMBER
ADDRESS	STREET	CITY
		STATE
		ZIP

BACKGROUND CHECK (To protect your privacy, this form will only be seen by BRMC Volunteer Services staff)

PLEASE INDICATE ANY OTHER NAME(S) EVER USED: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? YES NO

IF YES, PLEASE EXPLAIN:

I GIVE BAY REGIONAL MEDICAL CENTER PERMISSION TO CHECK MY CRIMINAL HISTORY WITH MICHIGAN LAW ENFORCEMENT AGENCIES, AND TO SEARCH MY HISTORY FOR INCIDENTS OF FRAUD WITH THE FRAUD AND ABUSE CONTROL INFORMATION DATABASE.

I UNDERSTAND THAT MY ENROLLMENT AS A VOLUNTEER IS CONTINGENT UPON SUCCESSFUL COMPLETION OF THE APPLICATION PROCESS. I GIVE MY PERMISSION FOR THE ABOVE-NAMED REFERENCES TO RELEASE INFORMATION ABOUT ME, FOR MY CRIMINAL HISTORY TO BE VERIFIED, AND TO HAVE MY HISTORY SEARCHED FOR FRAUD AND ABUSE.

IF I AM SELECTED AS A BAY REGIONAL MEDICAL CENTER VOLUNTEER I AGREE TO ABIDE BY ALL HOSPITAL RULES, REGULATIONS AND EXPECTATIONS. I UNDERSTAND THAT EITHER PARTY MAY CANCEL THIS RELATIONSHIP AT ANY TIME.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO INFORM BAY REGIONAL MEDICAL CENTER OF ANY CHANGES.

SIGNATURE**DATE**

Note: A criminal history will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be a Bay Regional Medical Center Volunteer.

ACCEPTANCE AS A VOLUNTEER IS BASED ON YOUR PASSING A HEALTH HISTORY QUESTIONNAIRE. AS A VOLUNTEER, YOU WILL HAVE THE OPPORTUNITY TO LEARN A GREAT DEAL ABOUT THE HEALTH CARE INDUSTRY. THE EXPERIENCE THAT YOU ACQUIRE MAY BE OF VALUE IN THE FUTURE. HOWEVER, THE FACT THAT YOU HAVE BEEN ACCEPTED AS A VOLUNTEER BY BAY REGIONAL MEDICAL CENTER IS NOT TO BE CONSTRUED IN ANY MANNER AS A GUARANTEE OF FUTURE EMPLOYMENT OR A COMMITMENT THAT YOU MAY BE CONSIDERED FOR OR OFFERED EMPLOYMENT BY THE MEDICAL CENTER AT SOME FUTURE DATE.

Please return this application to:
 Bay Regional Medical Center, Volunteer Services,
 1900 Columbus Avenue, Bay City, MI 48708