



MARQUETTE GENERAL HEALTH SYSTEM
VOLUNTEER APPLICATION

Volunteer Office Use Only:
Interview: _____
Orientation: _____
TB Results: _____
Background Check: _____
Placement: _____
Start Date: _____

Date: _____

Name: _____ Home Phone: _____
Work Phone: _____ Cell: _____ E-Mail: _____
Address: _____

EDUCATION

High School or GED: Circle highest grade completed: 9, 10, 11, 12

College or Technical School Degree(s) _____ Years Completed: 1, 2, 3, 4

How did you hear about volunteering at Marquette General Health System:

____ Friend ____ Newspaper ____ Web Site ____ Other _____

What do you hope to gain from your volunteer experience: _____

EMPLOYMENT

____ Employed ____ Retired ____ Unemployed

Employer: _____ City/State _____

Business Phone: (____) _____ Dates Employed: From: _____ To: _____

Type of Work _____ Job Title _____

Employer: _____ City/State _____

Business Phone: (____) _____ Dates Employed: From: _____ To: _____

Type of Work _____ Job Title _____

Employer: _____ City/State _____

Business Phone: (____) _____ Dates Employed: From: _____ To: _____

Type of Work _____ Job Title _____

PRIOR VOLUNTEER SERVICE

Where else have you volunteered? _____

Dates: _____ Phone: _____ Supervisor: _____

SKILLS & SPECIAL INTERESTS

EMERGENCY INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

PLACEMENT PREFERENCES

- | | | |
|--|---|---|
| <input type="checkbox"/> Health Information Center | <input type="checkbox"/> Heart Club | <input type="checkbox"/> Operating Room |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Waiting Lounge |
| <input type="checkbox"/> Clown'n Around Clowns | <input type="checkbox"/> Inpatient Units/
Outpatient Surgery | <input type="checkbox"/> Pastoral Care |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Lifeline Installations | <input type="checkbox"/> Patient Tray Favors |
| <input type="checkbox"/> Dietary | <input type="checkbox"/> Logistics | <input type="checkbox"/> Plant/Flower
Arrangements |
| <input type="checkbox"/> Dog Therapy Partnership | <input type="checkbox"/> Mail Services | <input type="checkbox"/> Sewing/Knitting |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Medical Library | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Friendly Visitor | <input type="checkbox"/> Operating Room | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Wig Salon |
| <input type="checkbox"/> Gift Shop | | |

AVAILABILITY

List times you are available to volunteer:

	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
Mornings							
Afternoons							
Evenings							

Are you volunteering to satisfy a court required community service? Yes No

If yes, please list your probation officer's name and phone number: _____

REFERENCES

References must be 21 years old and not members of your family.

Name: _____ Relationship: _____

Phone: _____ Address: _____

Name: _____ Relationship: _____

Phone: _____ Address: _____

Acknowledgment of Volunteer Status

I seek to volunteer my services to Marquette General Health System for civic, charitable, or humanitarian reasons. As such, I agree to perform volunteer services for Marquette General Hospital without promise, expectation or receipt of compensation or other benefits for which employees of the Hospital are eligible. I further agree that the Hospital does not employ me in a paid capacity to provide services similar or identical to those I provide as a volunteer while serving as a volunteer. I agree that while serving as a volunteer I am subject to the policies, rules and regulations of the Hospital including obligations regarding patient confidentiality.

I certify that the statements made in this volunteer application are complete and true. I authorize Marquette General Health System and/or its agents to verify any and all of the information provided on this application. I understand that this information may be disclosed to any party with legal and proper interest and I release Marquette General Health System from any liability for supplying such information. I have read and understand the above statements.

Signature of Applicant: _____

Under 18 years of age:

I give permission for my son/daughter/guardian to volunteer at Marquette General Health System.

Parent/Guardian Signature: _____

Relationship to Applicant: _____

Please return your completed application to:

Marquette General Health System
Volunteer Services Department
580 West College Avenue
Marquette, MI 49855

Phone: (906) 225-3280 • Fax: (906) 225-3895 • www.mgh.org