

HENRY FORD HEALTH

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 Health Volunteer Applicant,

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

HENRY FORD HEALTH

HFH Volunteer Application

*First Name: _____ MI: _____ *Last Name: _____

*Name (Preferred): _____ *Volunteer Location Choice (Each BU listed): _____

*Home Address: _____ *City: _____ * State: _____ *Zip code: _____

Mobile Phone: _____ Home Phone: _____

*Email Address: _____

*Date of birth: _____ *Gender: Male or Female

*Are you 18 years of age or older? Yes or No *Are you your own guardian? Yes or No

* Are you a citizen of the US? Yes or No

*If not a US citizen, do you possess a valid U.S. immigration status that authorizes you to be lawfully present in the U.S. and to volunteer at a health care facility for duration of your proposed volunteer service? Yes or No

Current Employer: _____ Job Title: _____

If a student, please list school attending:

Grade Level Completed: _____ College Major: _____

Degrees Earned:

Are you volunteering to meet an academic or outside requirement? Yes or 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

*Contact Name: _____ *Relationship: _____

* Mobile: _____ * Home: _____ * Work: _____

Email Address: _____

HFH VOLUNTEER AGREEMENT STATEMENT

- I understand that if I am selected as a volunteer at HFH, I am not, under any circumstances, an agent or employee of HFH.
- 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 to a schedule mutually developed by me and the Volunteer Department.
- I agree to comply with the HFH's policies, including but not limited to, confidentiality, harassment, disruptive behavior, nicotine and substance abuse
- I acknowledge that HFH 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 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.

Signature: _____ Date: _____

PARENTAL/GUARDIAN PERMISSION FOR APPLICATION/ REFERENCE CHECK/ VOLUNTEER AGREEMENT

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 to be considered as a volunteer with HFH.

I, _____, agree that my child _____

may participate in the HFH Volunteer Program, I have read and understood all the Volunteer information provided. I will be responsible for transportation of my child to and from jobs and events.

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** _____