HENRY FORD HEALTH

Volunteer Application Process

Thank you for your interest in volunteering with Henry Ford Health. The recruitment and placement policy of the Volunteer Services department adheres to Henry Ford Health policy to provide equal, nondiscriminatory employment opportunities. In concurrence with the Fair Labor Standards Act, volunteers do not regularly perform services indispensable to the operation of the hospital.

Checklist to volunteer

- ✓ Complete a volunteer application.
- ✓ Submit the reference form that has been completed by someone who has known you for 6 months or longer. (Family members are not acceptable).
- ✓ Complete the "Background Check Release Form". A criminal background check will be conducted.
- ✓ Complete the "Confidentiality Agreement".
- ✓ For volunteer applicants 16-17 years old:
  - Complete required parental signature on "Background Check Release Form" and "Confidentiality Agreement".
  - Complete the parental consent form.

***Note: Applications for the Summer Student Volunteer Program** are accepted only during the month of March of the calendar year unless they are part of an existing school partnership. Some students may be placed on a wait list based on the number of applications received.*

Mail or fax completed application to: OBJ

Henry Ford Providence Southfield Hospital
Attention: Volunteer Services
16001 W. Nine Mile Rd
Southfield, MI 48075
Fax: 248-849-8327

Once your application is reviewed, you may be called to interview with a Volunteer Services employee.

If selected for placement...

- ✓ Make an appointment for required Health Assessment:
  This is offered through Henry Ford Employee Occupational Health at:
  Henry Ford Providence Southfield Hospital
  Lower Level by elevator B
  Phone: 248-849-2800

- ✓ Attend a volunteer orientation session.
- ✓ Submit proof of an influenza vaccine if volunteering for the months of November – March.
- ✓ Obtain a volunteer ID badge.
- ✓ Obtain a volunteer uniform.
- ✓ Participate in a department specific orientation on your first day of service.

Thank you. If you have any questions, please call the Volunteer Services office at 248-849-8806.

Received_____

Henry Ford Providence Southfield Hospital

Volunteer Application

Please answer all questions – Type or Print Clearly.

Personal Information		
Name _____ SSN _____		
Please check:	Prefix: □ Miss □ Mrs. □ Ms. □ Mr.	□ Male □ Female
Age: □ 18+ □ 16-17	For Current Students: □ College □ High School	
Home Address (Please include apartment or unit number): _____		
City _____ Zip Code _____		
Date of Birth:	E-mail Address:	
Phone Numbers (Check preferred contact number) □ Home # _____		
□ Work # _____	□ Cell # _____	
Are you a U.S. Citizen or otherwise authorized to volunteer in the U.S.? □ Yes □ No		
Have you ever been convicted of a crime other than a minor traffic violation? □ Yes □ No		
If yes, explain _____		
(Court-ordered Community Service is not compatible with volunteering at Henry Ford Health)		

Emergency Contact Information – Required		
Name:		Relationship:
Home#:	Cell #:	Work #:

Referral Information
How did you hear about Henry Ford Health? (check appropriate box)
□ Employee □ Brochure □ Church □ Employer □ Physician □ Family □ Friend □ Newspaper □ Retiree
□ School □ Self-Inquiry □ TV/Radio □ Volunteer □ Walk-In □ Online □ Other (Please state) _____

Skills *Check all that apply and list languages on the line provided*
□ Accounting/Finance □ Artist □ Music □ Cashier/Retail □ Clerical/Office □ Computer
□ Event Planning □ Gardening □ Graphic Design □ Photography □ Marketing/Communications
□ Public Speaking □ Teaching □ Writing/Reporting □ Other _____
□ Languages -Please list and indicate any language(s) you can speak fluently _____

Volunteer Objectives

Briefly describe your reason(s) for volunteering.

_____

_____

_____

For Current Students - Education *(Past and current)*	
Grade Level Completed_____ Degree(s) _____Major(s) _____	
If currently a student, state name of school	Anticipated year of Graduation
TEENS ONLY: Current or most recent grade GPA	

Recent Employment *(List two)*		
1) Employer	Date(s) of employment	
Position	From	To
2) Employer	Date(s) of employment	
Position	From	To

Volunteer Experience		
1) Organization	Date(s) of volunteering	
Position	From	To
2) Organization	Date(s) of volunteering	
Position	From	To

Availability Please check the day(s) and shift(s) you would be available if your application is accepted.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Location Preference: Please check the location you are interested in Volunteering
□ Henry Ford Providence Southfield Hospital
□ Farmington Outpatient Center

Assignment Preference(s)
□ Clerical □ Spiritual Care □ Pet Therapy □ Information Desk/Wayfinder □ Emergency □ Patient Care Area
□ Gift Shop □ Patient Visiting □ Surgical Lounge □ Other_____

Please read the following carefully and sign and date where indicated below:

I have read all the questions and certify that the information I have given in this application is correct to the best of my knowledge. I understand that any false statements or omissions may be grounds for dismissal. I further understand that my volunteering is contingent upon my interview, satisfactory completion of the health assessment testing, and satisfactory reference and criminal background checks. I understand that volunteer opportunities are based on hospital needs and are not guaranteed. I hereby authorize and request that you make available to any duly authorized representative of Henry Ford Health any information relevant to employment history, criminal history, personal character, and background. I hereby give the right to release this information to Henry Ford Health.

Signature of Applicant _____ **Date** _____

HENRY FORD HEALTH

Volunteer Services

AUTHORIZATION FOR BACKGROUND INVESTIGATION

Read Carefully

I understand that my selection as a volunteer at Henry Ford Health (HFH) is dependent on the results of a background investigation about me.

I agree that HFH may perform a comprehensive background investigation now and at any time during my term as a volunteer if I am selected.

I understand this investigation may include information about my character, credit history, criminal history and motor vehicle records ("driving records"), as well as checking my education and/or employment history and other background checks. HFH will comply with applicable laws including the Fair Credit Report Act. HFH will use the information to evaluate me as a volunteer and to verify the accuracy of the information provided on my application and supplemental documents.

I know that if I am selected as a volunteer by HFH, I must update HFH any time the information I have provided changes.

Please Print Legibly

Name _____
(Last) **(First)** **(Middle)**

Maiden Names/Names Previously Used _____

Birth Date_____ **Gender**_____ **Race**_____

Signature of Applicant _____ ***Date***_____

Parent/Guardian Signature_____ ***Date***_____
(Required for any person under the age of 18)

If you wish to expunge or correct your record, please contact the following:

Michigan State Police-CJIC
Attn: Criminal History Record Correction
P.O. Box 30634
Lansing, MI 48909

HENRY FORD HEALTH

Volunteer & Unpaid Student CONFIDENTIALITY AGREEMENT

Read the following before signing:

Henry Ford Health (HFH) information is one of its most valuable assets and must therefore be safeguarded by anyone who has access to it. All information within HFH, including information communicated/maintained via speaking (oral), paper, electronic, or any other medium, is the sole property of HFH. This includes, but is not limited to, financial information, personnel information, clinic information, planning information, business information and reports, vendor information, contracts, and prices, and all patient information including patient names.

I understand that, as a volunteer or unpaid student, I may have access to HFH confidential information and that I am prohibited from discussing or revealing or making copies of any HFH information, including but not limited to patient information, to anyone, in any manner, unless directed to do so by HFH or legal process. This prohibition applies during and after my volunteer/student position has ended and applies to all oral, written, or electronic disclosures. I understand that I should not access any information that is not needed for me to perform my duties.

I understand that the rules of confidentiality apply to intentional, unintentional, or casual disclosure of information, including unnecessary or unauthorized discussion of confidential matters (i.e., informal dialog in public areas such as hallways, cafeterias, or elevators).

I understand that access into any electronic system under my logon/password constitutes my "electronic signature" and that I should not give my login/password to anyone.

I understand that the unauthorized disclosure of information by me may violate State or Federal laws and could do irreparable injury to HFH or to the patient or employee. I understand that unauthorized access to or disclosure of information during or after ending my volunteer/student position could result in legal action being taken against me.

_____ _____

Name – Print Guardian's signature (if applicable)

_____ _____/_____/_____

Signature Date

THIS DOCUMENT WILL BECOME A PART OF YOUR VOLUNTEER RECORD

Revised 6/20/23

HENRY FORD HEALTH

Applicant Reference Form

Prospective Volunteer's Name: _____

Name of Reference Person: _____

Phone Number: _____

Address _____ City_____

State _____ Zip Code _____

The above person has applied for volunteer services at Henry Ford Health and has given your name as a reference. Please assist us in determining his/her qualifications by answering the following questions:

1. In what capacity have you known the applicant?

2. How long have you known him/her?

3. Would you recommend this applicant for a volunteer position at the Henry Ford Health System? Why/why not?

4. Other comments:

Signature of Reference Person: _____ Date: _____
f

Please return the form immediately. The applicant will not be considered for an interview until a reference is returned. Thank you for your assistance.

Mail: Henry Ford Providence Southfield Hospital
Attention: Volunteer Services
16001 W. Nine Mile Rd.
Southfield, MI 48075

or Email: rhamilt8@hfhs.org

or Fax: 248-849-8327

HENRY FORD HEALTH

PARENTAL CONSENT FORM

(High School Students 16-17 Years of Age)

My/our daughter/son has my/our consent to service as a Teen Volunteer at Henry Ford Health.

I/we release Henry Ford Health and its employees from any and all liability for any damages, injury or illness resulting from my/our son's/daughter's participation in such volunteer activities, which occurs through no fault or negligence on the part of the hospital.

I/we understand that, in the event of an emergency, medical treatment may be provided by the Henry Ford Health Occupational Health physician or the Emergency Room physician. If I/we cannot be reached by phone and my son/daughter needs non-emergency care, I/we authorize Henry Ford Health Occupational Health physician or the Emergency Room physician to provide the appropriate medical treatment to my son/daughter. This authorization shall be valid while my/our son/daughter is performing volunteer services at Henry Ford Health.

I/we give my/our permission to have required health assessment including immunization titers performed on my/our son/daughter.

THIS MUST BE SIGNED BY PARENT/LEGAL GUARDIAN

Signature of Parent(s) or Legal Guardian(s)	Printed Name	Date
Signature of Parent(s) or Legal Guardian(s)	Printed Name	Date

Street Address	
City, State Zip Code	
Home Telephone Number	
Work Telephone Number	

Updated 1/25