



VOLUNTEER APPLICATION

DATE: _____

Last Name		First Name		M.I.	Home Phone
Mailing Address			SS#		Other Phone
City	ST	Zip	List any other name(s) used for work:		
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Other:				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth -- Month / Date / Year: ____ / ____ / ____			Email:		
Type of Volunteer Work Desired: ____ALIVE ____ Auxiliary/Gift Basket ____ Courtesy ____ Office ____ Chaplain			Able to work: (Circle ALL that apply) Mornings Afternoons Evenings Weekends		

WORK OR VOLUNTEER HISTORY

Beginning with your most recent position, give a record of employment and/or volunteer experiences in the past ten years or less:

(1) Current/most recent company ____ Full-Time ____ Part-Time ____ Volunteer		Dates of Employment or Volunteerism: From: To:	Reason for Leaving
Address		Position:	
Immediate Supervisor		Job duties:	
Telephone and Extension			
May we check references? ____ Yes ____ No If no, explain:			

(2) Current/next recent: ____ Full-Time ____ Part-Time ____ Volunteer		Dates of Employment or Volunteerism: From: To:	Reason for Leaving
Address		Position:	
Immediate Supervisor		Job duties:	
Telephone and Extension			
May we check references? ____ Yes ____ No If no, explain:			

REFERENCES

NAME	TELEPHONE NUMBER	RELATIONSHIP

EXPERIENCE AND QUALIFICATIONS

Check which skills you have:

- Customer Service
- Medical technology
- Computer skills
- Financial

List other skills and/or special training you have:

Have you ever been terminated from a position? Yes No

Have you ever committed, been convicted of, pled guilty to, or pled No Contest to a felony or a misdemeanor? Yes No
If yes, please explain:

Note: Conviction of a crime is not necessarily grounds for disqualification.

Are you volunteering as part of a Community Service requirement that is a condition of your probation or parole? Yes No

Have you ever been employed by or volunteered for Sparrow Eaton Hospital? Yes No

If yes, year left _____ Department _____

Do you have any relatives employed at Sparrow Eaton Hospital? Yes No If yes, list name(s):

Name: _____ Relationship: _____

In case of emergency, notify: _____
Name Address Phone

PERSONAL

What interests you about becoming an SEH volunteer?

What are your hobbies / interests?

STATEMENT

If accepted, I agree that I shall be bound by the rules, policies, regulations, terms and conditions of volunteerism of Sparrow Eaton Hospital as they are from time to time changed with or without notice to me. I understand that volunteering is contingent upon the satisfactory verification of past employment / volunteerism and references, and a satisfactory criminal background check.

I state that the answers given here are true and complete to the best of my knowledge. I understand that any misrepresentation, omissions of facts or incomplete answers in my application document will disqualify me from further consideration for volunteering. I further understand that if accepted as a volunteer, any misrepresentations or admissions of facts in any application document will be cause for my dismissal at any time without prior notice. I acknowledge that this application will be active for six (6) months, after which time I must re-apply for further consideration. I understand that the volunteer position may be terminated by SEH or me at any time for any reason.

The signature below represents my current legal name and any previously used names are listed below.

Additional Names Used: _____

Applicant Signature _____ Date _____

Sparrow Eaton Hospital accepts staff and volunteers on the basis of qualifications and with the assurance of equal opportunity and treatment regardless of race, religion, color, sex, age, national origin, disability or veteran status.

Consent for Criminal Background History Check

SEH Volunteer applicants must also sign this page as part of the application.

PURPOSE:

Out of concern for the well-being and safety of the patients, families and guests we serve, Sparrow Eaton Hospital (SEH) performs criminal background checks on employees, volunteers and contract staff. SEH deems it necessary and advisable as a matter of policy to reserve the right to disqualify and prohibit any person from serving as an employee, volunteer, or contract staff including one who has been arrested for, convicted of, been on probation for, or received deferred adjudication for any criminal conduct.

The right to disqualify applies to any criminal conduct, regardless of whether (a) the criminal charges were subsequently dropped and the applicant was never prosecuted for the crime charged, or (b) the criminal charges resulted in a non-conviction such as probation, or (c) the criminal conviction was subsequently expunged from the applicant's record as the result of appropriate legal proceedings.

CONSENT:

I hereby give permission for Sparrow Eaton Hospital to obtain information relating to my criminal history record through the Michigan State Police Internet Criminal History Access Tool, or other state agencies, as deemed necessary by the Human Resources Department. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for a position with this organization. I also understand that as long as I remain an employee, volunteer or contract staff here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Sparrow Eaton Hospital, and each of their officers, directors, employees, and agents harmless from and against any and all causes of action, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee, volunteer, or contract staff.

Applicant's Signature _____ Date: _____

Please Print Name _____

Please save the completed form and email to Mary Hogan, Generosity Coordinator in SEH Development, at mary.hogan@sparrow.org or print and mail to Department 8312, Sparrow Eaton Hospital, 321 E. Harris St., Charlotte, MI 48813