



Thank you for your interest in our “Volunteer” program. Volunteering in a hospital is a very rewarding experience. In addition to the satisfaction you receive from helping others, you may also gain insights into the medical field as a possible profession. Not all Volunteer assignments involve direct contact with the patients, yet each and every assignment is important to the everyday tasks that need to be accomplished.

To be a Volunteer, you must:

- 1.) Be 14-17 years old.
- 2.) Complete the application containing your signature and that of a parent or guardian.
- 3.) Have the attached personal reference forms completed—one by a teacher, counselor, or clergy person and the other reference must be someone over 18 years old and not a member of your immediate family. If you are applying sure the summer, the reference could be someone you work for or someone you have known for a while.
- 4.) Have an interview with the Volunteer Services Coordinator.
- 5.) Purchase a uniform from the Volunteer Office (\$10 cost).
- 6.) Attend appropriate orientation and training sessions.
- 7.) Accept your assignment in good faith. We ask for a 50-hour per year commitment. Volunteering is rewarding, but it is work.
- 8.) Necessary health requirements.

At the orientation, you will receive information regarding Aspirus Iron River Hospital & Clinics, organization policy, procedures, and expectations, and information regarding areas of volunteer opportunities. It is mandatory that you attend an orientation session before you are eligible for placement. Please complete the enclosed application and return it to the Volunteer Office along with parental/guardian permission.

Along with the other requirements outlined above, a background check may be performed depending on your volunteer assignment.

If you should have any questions prior to the interview, please call (906) 308.0232 or email me at [Abby.Miller@aspirus.org](mailto:Abby.Miller@aspirus.org)

Thanks you and we look forward to working with you.

Sincerely,

Abby Miller  
Volunteer Coordinator  
Aspirus Iron River Hospital & Clinics



To Parents or Guardian:

Your son/daughter has indicated an interest in becoming a Volunteer at Aspirus Iron River Hospital & Clinics. This program's purpose is twofold: 1) to provide a satisfying experience for young people in worthwhile community service, and 2) to provide an opportunity for observing careers in the healthcare field.

Please note the following regarding the Volunteer program:

- 1.) Membership is open to high school students who are at least 14 years of age, and who are willing to commit at least 50 hours per year in the Volunteer program.
- 2.) Volunteers must meet the health requirements for Volunteers as established:
  - a. Completed Health Record
  - b. Proof of Measles, Mumps, Rubella (MMR) vaccination.
  - c. A TB skin test when entering the Volunteer program.
- 3.) Once a Volunteer signs up for a service, he/she is expected to report as scheduled unless prior arrangements have been made with the Volunteer Coordinator.
- 4.) Our teens purchase a uniform at the cost of \$10.

If your teen has shown an interest in participating with our Volunteer program and you are supporting that decision, please fill out the attached Parental Permission Form and return it to me. We look forward to working with your teen.

If you should have any questions or if I can be of any additional help, please call (906) 308.0232 or email me at [Abby.Miller@aspirus.org](mailto:Abby.Miller@aspirus.org)

Sincerely,

Abby Miller  
Volunteer Services Coordinator  
Aspirus Iron River Hospital & Clinics



**PARENTAL PERMISSION FORM FOR VOLUNTEEN PROGRAM**

**Volunteer Services**

**Date:** \_\_\_\_\_

I hereby give permission for my son/daughter \_\_\_\_\_ to participate in the Volunteen Program at Aspirus Iron River Hospital & Clinics. I certify that my son/daughter is \_\_\_\_\_ years of age and that his/her birthdate is \_\_\_\_\_.

I also authorize any health screening that is required by the hospital for participation in the Volunteen Program (including a TB skin test and documentation of MMR vaccination dates).

I understand that as a Volunteen, my son/daughter is making a commitment, not only to himself/herself, but to Aspirus Iron River Hospital & Clinics, its patients, and the community, and that he/she has an obligation to carry out the responsibility that he/she undertakes. I understand that teens are required to volunteer a minimum of 50 hours per year after entering the program.

I understand that I will be responsible for his/her transportation to the hospital (or other assigned clinic sites).

I understand that this is an unpaid volunteer position and that a uniform is required for participation.

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**



**TO BE COMPLETED BY TEACHER, COUNSELOR, CLERGY, EMPLOYER, OR CLOSE CONTACT**

**PERSONAL REFERENCE FOR:** \_\_\_\_\_  
Name of Volunteen Applicant

The above student has applied for our Volunteen Program at Aspirus Iron River Hospital & Clinics. This program requires discipline, dependability, responsibility, pleasing personality, the ability to get along with others, personal neatness, and the ability to accept and follow instructions.

In the hospital environment, the student must respect all information concerning the hospital and patients as confidential.

Our program is designed to teach, orientate the student to the hospital, and encourage an interest in the healthcare field.

Please kindly complete the form below and return it to Aspirus Iron River Hospital & Clinics, Volunteer Services at 1400 West Ice Lake Road, Iron River, Michigan, 49935 Attn. Abby Miller, at your earliest convenience. The document can also be scanned and e-mailed to [Abby.Miller@aspirus.org](mailto:Abby.Miller@aspirus.org). This student will not be considered for the program until all forms are completed. The information requested will be kept in strict confidence.

**ATTITUDE:**

\_\_\_\_\_  
\_\_\_\_\_

**ABILITY TO GET ALONG WITH OTHERS:**

\_\_\_\_\_  
\_\_\_\_\_

**APPEARANCE:** \_\_\_\_\_

**DEPENDABILITY:** \_\_\_\_\_

**ABILITY TO FOLLOW INSTRUCTIONS:** \_\_\_\_\_

**ADDITIONAL COMMENTS (Use back if necessary):**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any information concerning the applicant's honesty or integrity?**

No: \_\_\_\_\_ Yes : \_\_\_\_\_ (Please Explain) \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_