



VOLUNTEER SERVICES APPLICATION

Please fill out this application as well as: 1) Confidentiality Agreement, 2) Agreement, Authorization and Consent for Release of Background Information, and 3) Photography/Media Consent Form and submit them to:

Jenna Camps
Volunteer Services
Aspirus Iron River Hospital & Clinics
1400 W. Ice Lake Road
Iron River, MI 49935
Jenna.Camps@aspirus.org

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Social Security # _____ Driver's License # _____

E-Mail _____ At least 16 years old: Yes _____ No _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

EMERGENCY INFORMATION

Emergency Contact _____

Relationship to you _____ Home Phone _____

Work Phone _____ Cell Phone _____

QUESTIONNAIRE

1. Why are you interested in volunteering? _____

2. Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)? NO [] YES [] - If yes, please describe the service requirements _____

Service Organization & Contact _____
Phone Number _____

3. Is there anything that may adversely affect your ability to perform volunteer work? NO [] YES [] - If yes, please describe in detail _____

4. Are there any accommodations needed in order for you to safely and competently perform volunteer work as requested? _____

5. Do you have any physical, visual or hearing needs we need to consider: NO [] YES [] - If yes, please explain _____

EDUCATION AND WORK EXPERIENCE

EDUCATION: Check highest level

High School: 9 [] 10 [] 11 [] 12 [] GED []
Name & State _____

College: 9 [] 10 [] 11 [] 12 [] GED []
Degree/Major _____

EMPLOYMENT EXPERIENCE:

Have you ever worked at a hospital? Yes [] No []
Last place of Work – if any: _____
Business Name _____
Address _____ Phone _____
Position _____ Supervisor’s Name _____

OTHER

- 1. Have you ever been convicted of a felony? Yes [] No []
 - 2. Have you ever been convicted of a misdemeanor? Yes [] No []
- If “Yes” to either question, please describe the conviction(s) in detail, including dates.

3. How did you hear about this volunteer program? _____

4. Do you hold any special medical or clinical certifications or licenses, or had any medical training of any type (including CPR)? No [] Yes [] – Please list: _____

5. When can you start volunteering? _____

6. If you are a snowbird, what months will you be unavailable? _____

7. Please check below the days you are available for the Volunteer Service program:

Monday	A.M.	[]	P.M.	[]
Tuesday	A.M.	[]	P.M.	[]
Wednesday	A.M.	[]	P.M.	[]
Thursday	A.M.	[]	P.M.	[]
Friday	A.M.	[]	P.M.	[]
Saturday	A.M.	[]	P.M.	[]
Sunday	A.M.	[]	P.M.	[]

CERTIFICATION AND AUTHORIZATION

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of Aspirus Iron River Hospital & Clinics.

I authorize Aspirus Iron River Hospital & Clinics to investigate all statements contained in this application and other matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Name: _____

Date: _____