



Dear Community Member:

Thank you for your interest in volunteering with SJMHS Hoop House. We are excited you have chosen us for a possible volunteer placement.

Our organization values volunteer service and strives to provide a rewarding and challenging experience to those who volunteer. Through volunteering you can make a difference in the lives of others as well as your own. As a volunteer you learn new things about yourself and the world around you, make new friends and expand your skills.

This packet contains information on how our process works and what steps you need to complete to become an SJMHS volunteer. If you have any questions or concerns while completing the process please don't hesitate to contact us at [volsojmhs@trinity-health.org](mailto:volsojmhs@trinity-health.org).

Good luck and thank you again for your interest in volunteering with SJMHS!

Volunteer Services  
Saint Joseph Mercy Health System  
Ann Arbor 734-712-4159

## Application Process

### Application

Complete the application and parental permission slip (if 17 and under)

### Interview

Contact the Volunteer Services Department to set up an interview.

Email – [volsjmhs@trinity-health.org](mailto:volsjmhs@trinity-health.org) or call Ann Arbor – 734.712.4164;

Interviews are generally 15-30 minutes in length and are scheduled Monday – Friday, 8:00am – 4:00pm.

Please bring completed application with you to the interview.

### Background Check

A criminal background check is conducted on all volunteers over 18 years of age. This will be completed after your interview, at no expense to the potential volunteer.

### Health Screening

The following must be completed (after being accepted into the program)

- Test negative for 2 TB skin tests (provided by health system) or, if test is positive, volunteer must provide a clear chest x-ray.

- Provide immunization record or other document showing receipt of two doses of Varicella vaccine, lab test showing immunity, or provide history of having had Chickenpox.

- Provide immunization record or other document showing receipt of two (2) doses of Measles, Mumps, Rubeola (MMR) or evidence of immunity (positive antibody titer) from lab testing.

- If your volunteer position here at Saint Joseph Mercy Health System involves patient contact, you will need a record of receiving one (1) dose of the Tdap (Tetanus, Diphtheria, Acellular Pertussis) vaccine. If your position does not involve direct patient care, please bring an immunization record validating that you've received the Td (Tetanus, Diphtheria) vaccine.

### Orientation

You will need to complete a Volunteer Orientation session that covers information required to be a SJMHS volunteers.



SJMHS Volunteer Application

Date \_\_\_\_\_

Personal Information

First Name _____		Last Name _____	
Address _____			
City _____		State _____	ZIP _____
Phone _____		Cell Phone _____	
Email _____			Birthday _____ / _____ <small>Month/Day</small>
Emergency Contact _____		Phone _____	Relationship _____

Work and Volunteer Experience

Employment	From	To	Position and Duties
Name of Company	Mo/Yr	Mo/Yr	
City, State			
Name of Company	Mo/Yr	Mo/Yr	
City, State			

Volunteer Positions			
Name of Organization	From	To	Positions and Duties
	Mo/Yr	Mo/Yr	
City, State			
Name of Organization	Mo/Yr	Mo/Yr	
City and State			

Have you ever volunteered or been an employee with SJMHS?    \_\_\_ Yes    \_\_\_ No

If yes, please indicate: Department \_\_\_\_\_ Position \_\_\_\_\_

**Educational Status**

Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School _____ Current Grade or Grade Completed _____
College/University _____ Current Level or Highest Level Completed _____
Field of Study _____

**Availability (mark 1<sup>st</sup> choice, 2<sup>nd</sup> choice, etc)**

Times/ Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Skills/Interest**

Office/Clerical	Yes	No
Auditing Files/Inventory		
Filing		
Organizing		
Data Entry		
Typing (if yes WPM?)		
Microsoft Word		
Microsoft Excel		
Microsoft PowerPoint		
Microsoft Access		
Other		
Hobbies/Interests		

Have you ever been convicted of anything other than a minor traffic citation, or are there felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please list dates, places, charges and deposition of all convictions: _____
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Believing that Saint Joseph Mercy Health System (SJMHS) has a need for my services as a volunteer, I agree:

- To hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, families, physicians, or personnel. I agree that I will not seek confidential information in regard to a patient or SJMHS personnel.
- That I will commit to the minimum requirements of volunteer service for the program I am participating in. I will adhere to the agreed upon schedule which would involve notifying areas in case of absences.
- That I am applying for an unpaid, volunteer position and not paid employment.
- That if I accept a volunteer position, I will have a duty to be familiar with SJMHS' rules, standards, and policies as they now exist or as they may be modified, added to, or abolished in the future. I have reviewed and agree to comply with these rules, standards, and policies.
- To wear the designated volunteer uniform and ID at all times while volunteering for SJMHS and to return the uniform and ID badge when I am no longer an SJMHS volunteer.
- To give a minimum of two weeks notice to the volunteer department when I will be terminating my volunteer service.

I certify that the answers given by me to the foregoing questions are true and without omissions. Misrepresentation of facts constitutes separation from Volunteer Services. I agree to abide by all Saint Joseph Mercy Health System rules and regulations. It is further understood that the Volunteer Services Department is not obligated to provide a placement, nor am I obligated to accept the position offered.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Minors under 18)

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**Parental Consent for Teen Volunteers**  
**(must be completed for volunteers under 18 years of age)**

I approve of my daughter/son, \_\_\_\_\_, volunteering her/his services at Saint Joseph Mercy Health System and will endeavor to see that the pledge in regard to attendance, hours of service and duties is fulfilled. Student volunteers commit to fulfill the obligations of the program.

Volunteers will be orientated regarding volunteer service at Saint Joseph Mercy Hospital Hoop House. In addition we also explain the benefits the students will gain through their community service.

I verify that my daughter/son is at least fourteen years old. Birth date: \_\_\_\_\_

\_\_\_\_\_  
Teen's Full Name (Please Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature