



Dear Community Member:

Thank you for your interest in volunteering with SJMHS. 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 will 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 volsjmhs@trinity-health.org.

Thank you again for your interest in volunteering with SJMHS!

Volunteer Services
Saint Joseph Mercy Health System
Ann Arbor / Saline 734-412-4164
Livingston 517-545-6296

Application Process

Application

Complete the application as thoroughly as possible; making sure you document your availability.

Hand out Reference Letter forms to two (2) non-relatives for completion

Interview

Contact the Volunteer Services Department to set up an interview.

Email – volsimhs@trinity-health.org or call Ann Arbor – 734.712.4164;

Livingston – 517.545.6296.

Interviews are generally ½ hour in length and are scheduled Monday – Friday, 9:00am – 4:00pm.

Please bring completed application with you to the interview.

Reference Letters

Two reference letters (from non relatives) will need to be completed and returned to Volunteer Services prior to your interview.

Background Check

A criminal background check is conducted on all volunteers. 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 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. Also a current record of receiving the influenza vaccine.

Orientation

You will need to complete a Volunteer Orientation session that is two hours in length.

SJMHS Volunteer Application

Date _____



Personal Information (please print)

First Name _____		Last Name _____	
Address _____			
City _____		State _____	ZIP _____
Preferred Phone # 1) _____		2) _____	
Email _____			Birthday ____/____/____ <small>Month/Day/Year</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	Position and Duties
City, State			
Volunteer Positions			
Name of Organization	Mo/Yr	Mo/Yr	Positions and Duties
City, State			
Name of Organization	Mo/Yr	Mo/Yr	Positions and Duties
City and State			
Have you ever volunteered, been an employee or student intern/job shadow with SJMHS? ___ Yes ___ No			
If yes, please indicate: Department _____ Position _____			

Educational Status

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

Availability (mark 1st choice, 2nd choice, etc). 3-4 hour one-time a week commitment. Please indicate day and start time you would prefer.

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

Skills/Interest

Volunteer Opportunities	Skills I Have	Interested in Doing
Clerical		
Patient Care		
Data / Computer		
Reception		
Cooking Classes		
Escorting		
Entertainment		
What Other Services are you Interested in Providing?		

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: _____



Believing that Saint Joseph Mercy Health System (SJMHS) has a need for my services as a volunteer, I agree:

- I voluntarily offer my services with a clear understanding there will be no monetary compensation and that volunteering does not lead to employment.
- 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 for months 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 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)

Reference Form



Saint Joseph Mercy Health System is recruiting volunteers. Many of our programs involve contact with patients. These situations require a volunteer who is able to relate in a mature, responsible manner. The prospective volunteer must also be capable of working in the highly complex and structured hospital environment.

(Name) _____ is applying for a volunteer position. To aid us in evaluating him/her as a prospective volunteer, we ask that you carefully answer the following questions to the best of your knowledge and return this form to our office as soon as possible. The information you provide will be held in strict confidence. Please use our questions as a guideline, feel free to attach additional comments if you wish.

If you have any questions or if you would like further information about our program, please do not hesitate to contact us. Thank you for your cooperation.

1. How long have you know this applicant and in what capacity?

2. How well do you know the applicant? (please circle one)

Very Well

Well

Average

Little

Very Little

3. How does the applicant interact with people, cultures or lifestyles that are different from their own?

	Yes	No	Have not observed
Is open-minded?			
Is accepting?			
Is judgmental?			

4. How does this person get along with others? Is s/he interested in helping other people?

5. How well does s/he follow directions, accept rules and assignments?



6. How well does this person accept responsibility for his/her actions? Does this individual complete activities s/he initiates?

7. Are you aware of anything that might prevent the applicant from being able to volunteer with SJMHS? If yes, please explain:

I recommend the above individual for volunteer work at St. Joseph Mercy Health System.

I do not recommend the above individual for volunteer work at St. Joseph Mercy Health System.

Your signature _____ Phone _____ Date _____

For St. Joseph Mercy Ann Arbor, Saline, Canton or St. Joseph Mercy Livingston

PLEASE RETURN TO: Darlene Wilson, SDL, Volunteer Services
5301 E. Huron River Dr.
P.O. Box 995
Ann Arbor, MI 48106
(734) 712-4164
Or
Fax to (734) 712-7178