

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 volsjmhs@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 under 18 years of age)

Contact

Contact Dan Bair bairdz@trinity-health.org



ST. JOSEPH MERCY ANN ARBOR

5301 East Huron River Drive
P.O. Box 995
Ann Arbor, MI 48106-0995
Phone: 734.712.3456
sjmercyhealth.org

SJMHS Volunteer Application

Hoop House

Name _____ Date _____

Address _____

City _____ Zip _____

Home Phone _____ Email _____

Month/Day of Birth _____

Group Affiliation _____

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 the 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

Date