



PORT HURON

Thank you for applying to be a Volunteer at McLaren Port Huron.

Volunteers play an important role in helping the staff of McLaren Port Huron provide very good service. Whether it is assisting patients and their families who come in through the Main or Emergency Center entrances, serving hot cups of cappuccino and coffee in our Skylight Café or providing clerical support in a variety of departments throughout the hospital, we have a variety of positions that may be well suited to your talents and interests.

As a volunteer, you will be working in a professional environment. Volunteers must be professional not only in their appearance, but also in their interactions with hospital staff as well as patients and visitors. Due to the nature of hospital business, it is important to remember that confidentiality **MUST** be maintained at all times.

Attached, you will find our application form and a disclosure form. Please, read, sign and date the required forms and return to our office. **Please allow us a minimum of one week to review your application. You may call the office at (810) 989-3796, 8 am. – 2 pm, Monday through Friday to arrange for an interview.**

Upon acceptance into the Volunteer program, you will be required to have a TB test and you will need to order a vest or a smock. Prices range from \$10 to \$15 and are available to purchase through the Volunteer Office.

I look forward to meeting with you and discussing the opportunities we offer Volunteers at McLaren Port Huron.

Sincerely,

**M.L. Kraft
Volunteer Coordinator
McLaren Port Huron
1221 Pine Grove Ave.
Port Huron, MI 48060**



PORT HURON

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Home Phone: _____ Work/Cell Phone: _____

How did you hear about our Volunteer Program? _____

Are you under 18 years old? Yes No Birthday (Month/Day) _____

EDUCATION

Education Completed: High School: 1 2 3 4 College: 1 2 3 4 Post Grad: 1 2 3

Are you currently a student? Yes No

Name of School: _____ Grade: _____

Major field of study: _____

Is volunteer work a class assignment? Yes No

Internship required for graduation? Yes No

EMPLOYMENT EXPERIENCE

Are you currently employed? Yes No

Employer: _____ Hours per week: _____

Are you job hunting? Yes No

Past Employment History: (list most recent)

Employer: 1. _____ 2. _____

Position Held: _____

Dates employed: _____

Reason for leaving: _____

PROFESSIONAL REFERENCES (Please provide two references we may contact other than a relative)

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

AVAILABILITY (please circle)

Sunday	8-12	12-4	4-8	Thursday	8-12	12-4	4-8
Monday	8-12	12-4	4-8	Friday	8-12	12-4	4-8
Tuesday	8-12	12-4	4-8	Saturday	8-12	12-4	4-8
Wednesday	8-12	12-4	4-8				

Anticipated length of Volunteer service: _____

AREAS OF VOLUNTEER INTEREST

Office/Clerical
 Gift Shop
 Information Desk
 Patient Transport
 Skylight Café
 Surgical Waiting Area
 Other _____

Special skills and interests: (Computer skills, public contact, office setting, etc.) _____

Reason you would like to become a hospital volunteer: _____

Previous Volunteer experience: _____

BACKGROUND

Are you volunteering to fulfill community service obligations? Yes No

If yes, list your probation officer's name and number: _____

Have you ever been convicted of any crime or held responsible for any civil infraction? Yes No

Are there any felony proceedings pending against you? Yes No

If you answered yes to either of the previous two questions, please explain: _____

Please list any friends/relatives who are employed or who volunteer at Port Huron Hospital:

Name: _____ Department: _____ Relationship: _____

Name: _____ Department: _____ Relationship: _____

Name: _____ Department: _____ Relationship: _____

McLaren Port Huron offers equal opportunity to all based upon individual merit and without regard to race, color, religion, disability, age or sex. McLaren Port Huron is not obligated to provide a placement nor is the applicant obligated to accept the position offered.

VOLUNTEER APPLICANT AGREEMENT

My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.

I authorize the Hospital to investigate my volunteer application and my background and activities at any time. I agree to cooperate in such investigation(s) and authorize all persons and entities to provide information as requested by the Hospital or its agents. I further release the Hospital and all those who provide information to the Hospital from any and all claims I may have related to requests for information and disclosures of information.

I understand that neither my volunteer application nor my volunteer service at the Hospital are confidential. I authorize the Hospital to disclose or withhold disclosure of information concerning my application or volunteer services, as it deems appropriate. I release the Hospital, its employees, and representatives from any and all claims I may have related to disclosures concerning me.

I shall hold as absolutely confidential all information I may obtain directly or indirectly concerning patients, doctors or other hospital personnel and not seek to obtain confidential information from a patient or access any information that is not necessary in carrying out my duties as a volunteer.

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with Hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other reason as determined by the Hospital in its judgment.

I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off hospital property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Volunteer Coordinator.

I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons or sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Coordinator of Volunteer Services to engage in these activities.

I shall uphold the mission, values, code of ethics and standards of the Hospital.

I understand that any information I may obtain directly or indirectly concerning patients, doctors, or other hospital personnel while I am a volunteer at McLaren Port Huron is confidential and that this confidentiality is protected and punishable under Federal Law.

I release the Hospital, its affiliates, and their Board members, employees, and representatives from any and all claims I may have on any basis whatsoever related to my volunteer application or any of my activities as a volunteer with the Hospital.

I elect to be a volunteer only and to not be a member of the McLaren Port Huron Auxiliary: Yes No
I have read each of the above conditions and I agree to be bound by them. Yes

VOLUNTEER SIGNATURE _____ **DATE** _____

**PARENT SIGNATURE IF
VOLUNTEER IS UNDER AGE 18** _____ **DATE** _____