



VOLUNTEER SERVICES APPLICATION

NAME: _____
(Last) (First) (Middle Initial)

PRESENT ADDRESS: _____
(Street) (City) (State) (Zip)

PERMANENT ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

BEST TIME TO CALL: _____ E-MAIL ADDRESS: _____

BIRTHDATE: (M/D)_____/_____ US CITIZEN YES NO

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY PHONE: (should not be same as your home phone) (_____) _____

EDUCATION:

Are you currently enrolled in a college or university program? YES NO

COLLEGE: _____
(Name) (Year Completed) (Major)

_____ (Name) (Year Completed) (Major)

HIGH SCHOOL: _____
(Name) (City) (Grade Completed)

OTHER TRAINING: _____
(Name) (City) (Degree)

REFERENCES: (TWO) Past or present employer, teacher, counselor, clergy are acceptable. *Please do not list relatives.*

NAME: _____ (_____) _____
(Relationship) (Phone)

ADDRESS: _____
(Street) (City) (State) (Zip)

NAME: _____ (_____) _____
(Relationship) (Phone)

ADDRESS: _____
(Street) (City) (State) (Zip)

** Your signature on the bottom of this application grants us permission to contact your references.

Have you ever been convicted of a crime or misdemeanor? YES NO

If yes, when and for what: _____

VOLUNTEER/EMPLOYMENT HISTORY:

VOLUNTEER ORGANIZATION OR NAME OF EMPLOYER: _____

LOCATION

_____ FULL _____ PARTTIME _____

WORK PERFORMED: _____

DATE WORKED/VOLUNTEERED: FROM: _____ TO _____

MANAGER/SUPERVISOR: _____

MAY WE CONTACT? ___ YES ___ NO PHONE: _____

VOLUNTEER ORGANIZATION OR NAME OF EMPLOYER: _____

LOCATION _____ FULL _____ PARTTIME _____

WORK PERFORMED: _____

DATE WORKED/VOLUNTEERED: FROM: _____ TO _____

MANAGER/SUPERVISOR: _____

MAY WE CONTACT? ___ YES ___ NO PHONE: _____

AVAILABILITY:

MORNINGS: YES NO
MON. _____ TUES _____ WED _____ THUR _____ FRI _____

AFTERNOONS: YES NO
MON. _____ TUES _____ WED _____ THUR _____ FRI _____

EVENINGS: YES NO
MON. _____ TUES _____ WED _____ THUR _____ FRI _____

I AM AVAILABLE WEEKENDS:

MORNINGS: YES NO
AFTERNOONS: YES NO
EVENINGS: YES NO

THIS SECTION TO BE COMPLETED ONLY BY INDIVIDUALS CURRENTLY ENROLLED IN A COLLEGE/UNIVERSITY

SCHOOL YOU ARE ATTENDING: _____

YEAR IN SCHOOL: _____ GRADUATION YR. _____ GPA _____

COURSES OF STUDY: _____

The college volunteer program rotates 3 times per year. Please indicate your availability for the session you are applying for and/or future sessions. It is our intent to accommodate your schedule, however, we cannot guarantee you will receive that request. You must be willing to rotate to less desirable shifts should the need of the hospital require it. Please understand that if you are accepted into the college program, you will be expected to commit to the full session. Failure to do so will result in dismissal from the program.

SIGNATURE: _____ **DATE:** _____

Butterworth Hospital: 100 Michigan St NE, Grand Rapids, MI 49503 MC 008
Office: 616-391-1804 Fax: 616-391-5522

Blodgett Hospital: 1840 Wealthy St SE, Grand Rapids, MI 49506 MC 420
Office: 616-774-7649 Fax: 616-774-7337