

Return completed form to

Manistee Hospital Auxiliary - Membership
 1465 E. Parkdale Ave., Manistee, MI 49660

**VOLUNTEER APPLICATION**

Please answer all questions. Type or print clearly.

Munson Healthcare requires all employees and volunteers who work in the hospital to receive a 2-Step TB test and flu vaccine during the flu season in the year that they are hired and annually thereafter.

Will you be able to comply with the Seasonal Flu Vaccine policy? **Yes** **No**

Munson is a smoke free environment. To help promote a healing and safe environment, volunteers and staff may not smell of smoke at any time during the workday. In addition, smoking is not permitted on any Munson Healthcare property or grounds, either owned or leased, including in any vehicle on MHC property.

Will you be able to comply with the No Smoking policy? **Yes** **No**

NAME AND ADDRESS

Last Name		First	Middle Initial
Current Address	Number	Street	
City		State	Zip

PHONE NUMBERS**E-MAIL ADDRESS**

Current	Work	E-MAIL ADDRESS
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PREFERRED FORM OF ADDRESS

Mr. Miss Mrs. Ms. Nickname _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone Number _____
 Address _____

CURRENT STATUS

- High School Student:
 11th grade 12th grade
- College or University Student:
 Freshman Sophomore Jr. Sr. Grad Student
- Community Resident:
 Retired Other: _____

REFERRAL SOURCE

- | | |
|---|--|
| <input type="checkbox"/> Radio / TV _____ | <input type="checkbox"/> Teacher / Counselor _____ |
| <input type="checkbox"/> Employer _____ | <input type="checkbox"/> Friend _____ |
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Self Inquiry _____ | |

PREVIOUS VOLUNTEER EXPERIENCE

Organization	Role in Organization

PROFESSIONAL / CIVIC MEMBERSHIPS

Organization	Role in Organization

CURRENT OR PREVIOUS EMPLOYMENT

Employer	City / State

Phone ()

May we phone you at work regarding your volunteer activities? Yes No

SPECIAL SKILLS / INTERESTS

Language(s) - including sign languages (please specify) _____

Office / Clerical (please specify) _____

Entertainment (please specify) _____

Computer _____

Other work experiences (please specify) _____

Other interests _____

Do you have any medical history or physical condition that may limit your ability to do the job of which we should be aware? No Yes - brief explanation _____

Are you currently employed in the Munson Healthcare System? No Yes - where? _____

Have you ever been employed in the Munson Healthcare System? No Yes - in what capacity? _____

Have you ever been convicted of a crime(s) including misdemeanors other than minor traffic offense? No Yes

If yes, please give details & current status.

Are there any felony charges outstanding? No Yes If yes, please give date, place, charge and current status.

Are you volunteering to satisfy a court required community service? No Yes - please list your probation officer's name and phone number.

I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by Munson Healthcare. Misrepresentation of facts constitutes cause for denial of application and/or dismissal from Volunteering at Munson Healthcare Manistee Hospital.

Signature _____

Date _____