

Volunteer Services Application

Name: _____			
Last	First	Middle Initial	
Current Address: _____			
Number and Street)	(City)	State	ZIP
Permanent Address: _____			
Number and Street) (City)		State	ZIP
Home Phone: (_____) _____		Cell Phone: (_____) _____	
Best time to call me: _____		e-mail address: _____	
Date of Birth: (Month/Day) _____ / _____		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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, State	Grade
Completed _____		

Other training: _____		
Name)	City, State	Degree

References: You must provide two. List past or present employers, teachers, counselors or clergy. References must be 21 years or older. Do NOT list relatives. We strongly recommend that you provide an e-mail address.

1. _____ (_____) _____		
Name	Relationship	Phone
Address: _____		
Number and Street	City	State ZIP
e-mail address _____		

Volunteer History: (List most recent first)

1. Name of Organization: _____

Location _____
City State

Duties performed: _____

Volunteered from (date): _____ to (date) _____ May we contact? No Yes

Name _____ Phone: () _____

2. Name of Organization: _____

Location _____
City State

Duties performed: _____

Volunteered from (date): _____ to (date) _____ May we contact? No Yes

Name _____ Phone: () _____

If you wish, you may attach a resume to this application.

Your Background: The safety and security of our patients, visitors, staff and volunteers are of the utmost importance. Applicants must submit to a criminal background check (at our cost) from state and/or federal agencies. Persons who have been convicted of any felony offense or misdemeanor offense involving drugs, child abuse, assault, and/or any violent behavior will be considered on a case-by-case basis, taking into consideration the severity of the conviction. Spectrum Health reserves the right to refuse any application based on an individual's criminal record and/or falsification of information on criminal history or any part of the application.

Have you ever been convicted of a felony or misdemeanor offense? No Yes

If yes, for what and when _____

Have you ever been discharged from any place of employment? No Yes

If yes, please explain: _____

Have you ever been terminated from volunteering? No Yes

If yes, please explain: _____

I hereby state that, to the best of my knowledge, all of the above information is true.

Signature _____ **Date :** _____

Please return your application to: Spectrum Health Volunteer Services / MC008
100 Michigan St NE
Grand Rapids, MI 49503

Phone: (616) 391-8194
Fax: (616) 391-5522