

Spectrum Health Pennock
Volunteer Services
1009 W. Green St.
Hastings, MI 49058

Dear Volunteer Applicant:

Thank you for expressing an interesting in volunteering with Spectrum Health Pennock. If you enjoy helping others and would like to make an impact within the community, we may have the perfect opportunity for you!

The positions available for our volunteers are highly focused on patient and family centered care. The volunteers at Spectrum Health Pennock focus on placing the needs of others first and fulfilling a better patient experience for everyone through their own personal touch.

Please complete the volunteer application attached. Once your application is submitted, the following process will take place:

- A basic background and reference check
- A Tuberculosis (TB) test or proof of one completed within the last year. Spectrum Health Pennock is able to provide one at our Occupational Medicine Department at the State Street Center. After the TB skin test is administered, it is necessary to return to the clinic within 2-3 days for test results.
- Interview with Volunteer Services
- A short orientation session with the Volunteer Coordinator will also be required before you begin your volunteer work.

Please feel free to contact Deb Pelton, Volunteer Coordinator, at phone number 269.948.5885 if you have any further questions. Thank you for your interest in our volunteer program at Spectrum Health Pennock and we will be in contact with you as we proceed.

Sincerely,

Deb Pelton
Volunteer Coordinator

**SPECTRUM HEALTH PENNOCK
VOLUNTEER SERVICES APPLICATION**

APPLICANT FULL NAME: _____
(Last) (First) (Middle)

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

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

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

BEST TIME TO CALL: _____ EMAIL: _____

BIRTHDATE: (M/D/YYYY) ___/___/____ US CITIZEN? YES NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

PARENT/LEGAL GUARDIAN (if under 18 years of age): _____

PARENT/LEGAL GUARDIAN PHONE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY CONTRACT ADDRESS: _____

EMERGENCY CONTACT PHONE: _____ Cell Home Business

EDUCATION

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

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

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

(Name) (Year Completed) (Major)

OTHER SPECIAL TRAINING: _____

REFERENCES*: Two references are required. If you are under the age of 18, one reference must be a teacher. Past or present employer, teacher, counselor or clergy are acceptable. *Please do not list relatives.*

REFERENCE ONE: _____
(Name) (Relationship) (Phone)

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

REFERENCE TWO: _____
(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, please provide a date and brief description:

VOLUNTEER/EMPLOYMENT HISTORY: Are you currently seeking employment? YES NO

PRESENT EMPLOYER: _____

LOCATION: _____ FULL TIME PART TIME

DUTIES: _____

DATE WORKED/VOLUNTEERED: From _____ To _____

MANAGER/SUPERVISOR: _____

MAY WE CONTACT THEM? YES NO PHONE: _____

PREVIOUS EMPLOYER: _____

LOCATION: _____ FULL TIME PART TIME

DUTIES: _____

DATE WORKED/VOLUNTEERED: From _____ To _____

MANAGER/SUPERVISOR: _____

MAY WE CONTACT THEM? YES NO PHONE: _____

AVAILABILITY

STUDENT VOLUNTEER, AVAILABLE THESE DATES: _____

YEAR-ROUND VOLUNTEER, AVAILABLE THESE DATES: _____

MORNINGS: YES NO MON ___ TUES ___ WED ___ THURS ___ FRI ___
AFTERNOONS: YES NO MON ___ TUES ___ WED ___ THURS ___ FRI ___

PREFERRED VOLUNTEER LOCATION(S):

MAIN CAMPUS HEALTH & WELLNESS CENTER

SIGNATURE: _____ **DATE:** _____

If volunteer is under age 18, signature of parent or legal guardian is required:

SIGNATURE: _____ **DATE:** _____