

Big Rapids and Reed City Hospitals  
Volunteer Services  
605 Oak Street | MC350  
Big Rapids, MI 49307  
231.592.4327

Dear Friend:

Do you enjoy helping patients and families? Do you want to make an impact in the healthcare of your community? If you answered yes, we may have opportunities for you! We have volunteers of all ages, focused on sharing their skills and making a difference.

The roles and positions of our volunteers are highly focused on the care model and approach called patient and family centered care. Focusing our volunteer resources on the needs of our patients and families we are committed to enhancing and supporting the care, services and patient experience.

Please complete the volunteer application form, the skills assessment and the liability waiver. Once the forms have been completed, contact Volunteer Services at 231.592.4327 or [Suzanne.Hicks@spectrumhealth.org](mailto:Suzanne.Hicks@spectrumhealth.org) to schedule your thirty minute interview. If you are accepted after the interview process, and to ensure your safety and the safety of our patients, a few steps will then be required during the entry process:

- Online Health Review Survey
- Brief Orientation with Infection Control Nurse
- Annual Flu Shot
- Completion of Orientation Manual

Completion of the above mentioned steps are required prior to placement. Thank you for your interest in becoming a member of our hospital family! We look forward to working with you.

Thank you,

Suzie Hicks  
Volunteer Coordinator

**SPECTRUM HEALTH BIG RAPIDS & REED CITY HOSPITALS  
VOLUNTEER SERVICES APPLICATION**

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**CURRENT ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PERMANENT ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**HOME PHONE:**(\_\_\_\_\_) **CELL:**(\_\_\_\_\_) **WORK:**(\_\_\_\_\_) \_\_\_\_\_

**BEST TIME TO CALL:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**BIRTHDATE:** (M/D)\_\_\_\_\_/\_\_\_\_\_  
**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 CONTACT PHONE** (should not be same as your 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/Certificate)

**REFERENCES\*:** Two references are required. If you are under age 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, when and for what: \_\_\_\_\_

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

MOST RECENT VOLUNTEER ORG. OR EMPLOYER: \_\_\_\_\_

LOCATION: \_\_\_\_\_  FULL TIME  PART TIME

DUTIES: \_\_\_\_\_

DATE WORKED/VOLUNTEERED: From \_\_\_\_\_ To \_\_\_\_\_

MANAGER/SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT THEM?  YES  NO PHONE: \_\_\_\_\_

SECOND MOST RECENT VOLUNTEER ORG. OR 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: \_\_\_\_\_

SEASONAL VOLUNTEER, AVAILABLE THESE DATES: \_\_\_\_\_

SHORT-TERM VOLUNTEER, AVAILABLE THESE DATES: \_\_\_\_\_

YEAR-ROUND VOLUNTEER

|             |                              |                             |     |     |      |     |      |     |       |     |     |     |
|-------------|------------------------------|-----------------------------|-----|-----|------|-----|------|-----|-------|-----|-----|-----|
| MORNINGS:   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | MON | ___ | TUES | ___ | WEDN | ___ | THURS | ___ | FRI | ___ |
| AFTERNOONS: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | MON | ___ | TUES | ___ | WEDN | ___ | THURS | ___ | FRI | ___ |
| EVENINGS:   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | MON | ___ | TUES | ___ | WEDN | ___ | THURS | ___ | FRI | ___ |

**WEEKEND AVAILABILITY:**

|             |                              |                             |
|-------------|------------------------------|-----------------------------|
| MORNINGS:   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| AFTERNOONS: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| EVENINGS:   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**PREFERRED VOLUNTEER LOCATION(S):**

BIG RAPIDS  REED CITY  S.P.W. REGIONAL CANCER CENTER  WHEREVER NEEDED

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_