

Memberships: (Social, Service, Religious, etc.)

**Education**

School: 1 2 3 4 5 6 7 8 9 10 11 12 (circle highest level completed)

College: 1 2 3 4 Post Graduate Field of Study: \_\_\_\_\_

Other Certifications, Diplomas or Degrees: (Field of Study): \_\_\_\_\_

Special Training or Skills:

**Employment History**

Dates (Years)	Job Role/Description	Employer

Have you ever been employed by Trinity Health Grand Haven?  Yes  No  
 If yes, please list dates, position, and supervisor:

**References**

Please provide two references. At least one of them must be a professional reference. Choose people who have known you for MORE than three years. If you do choose to make one of your references "personal," it may not be a family member.

Name:	Type of Reference (Circle): <b>Personal</b> <b>Professional</b>
Address:	
City, State, Zip:	
Phone:	

Name:	Type of Reference (Circle): <b>Personal</b> <b>Professional</b>
Address:	
City, State, Zip:	
Phone:	

**Emergency Contact Information**

Contact Name:	Work Phone:
Relationship:	Home Phone:
Address (if different than applicant):	Cell Phone:

**Check the boxes for the facilities where you are able to volunteer.**

Return your completed application to the site where you would like to volunteer.

<input type="checkbox"/> Trinity Health Grand Haven	<input type="checkbox"/> Heartwood Lodge Trinity Health	<input type="checkbox"/> Hospice of North Ottawa Community
<input type="checkbox"/> In-Home CareNursing	<input type="checkbox"/> Hospice House at Heartwood Lodge	

**Check your volunteer type:**

<input type="checkbox"/> Adult	<input type="checkbox"/> Group	<input type="checkbox"/> Student	<input type="checkbox"/> Youth (14-17 years)
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**Criminal History**

Trinity Health Grand Haven will conduct a criminal background check on potential volunteers. (See Background Authorization Form)

Do you have any felony charges pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted or plead guilty or no contest to a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered YES to either of the two preceding questions, explain by giving the date, nature of the offense and circumstances on an attached, signed sheet.		

**Certification of Information and Authorization for Release**

I certify that I have read and understand the provisions of this application, and of any documents which accompany the application; and I consent to its/their terms.

I further certify that the information furnished in or accompanying this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, distortion or omission with respect to such information, whether pertaining to this application or other aspects of the pre-hiring process, will be reason for: (1) my not being offered a volunteer opportunity or (2) my dismissal at any time, once placed.

I understand that I will be free to leave my volunteer position at anytime with or without cause; and I understand and agree that Trinity Health Grand Haven may also terminate my volunteer duties at any time or without cause.

If I become a Trinity Health Grand Haven volunteer, I will comply with all the rules, regulations, policies and communications directed to volunteers.

I hereby authorize Trinity Health to conduct a routine criminal history check (if I am 18 or older), and thoroughly investigate my work, medical and personal history that is job related. I also authorize Trinity Health Grand Haven to communicate with the references I provided above.

If arrested or convicted for any of the following criminal offenses - abuse, neglect, assault, battery, theft, fraud, criminal sexual conduct, or any felony - I agree to immediately report it to the Volunteer Services Department.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent's Signature (if applicant is under 18 years of age) Date

# Trinity Health Employee or Volunteer Authorization for a Criminal Background Check



# Volunteer Application

### Consent to the Obtainment of State Police Records

I consent that Trinity Health may conduct a criminal history check on me that includes the review and obtainment of State Police records, fingerprints and an FBI background check. It may also include Verification of Education, Employment, Professional License and Professional References. I also agree to provide personal identification acceptable to the Michigan State Police. I understand that criminal background check may be done in States other than Michigan or via use of a Federal database.

**This Notice is authorized by the Fair Credit Reporting Act, Section 604(b).**

I, \_\_\_\_\_, authorize Trinity Health to conduct a criminal background check with the State Police and/or County Sheriff Departments for the purpose of determining my suitability for volunteer work with Trinity Health Grand Haven.

I have listed below all crimes for which I have been convicted, including the date of such convictions, as well as any pending felony charges. I acknowledge that any omission or falsification of this form shall be grounds for discharge if I am employed or assigned as a volunteer.

### List all criminal convictions or pending felony charges:

Include crime, date, and city/county involved.


**I certify that I have been a resident of Michigan for at least the past 3 years.**

Yes  No

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Previous Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Previous Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Previous City State Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Name:	Date:
Current Address:	City: Zip:
Current Phone:	Business Phone:
Cell Phone:	Alternate Phone:
E-mail Address:	Current Occupation:

Spouses' Name (if applicable): \_\_\_\_\_

**Interests, skills, hobbies:**

\_\_\_\_\_

**Your volunteer profile:** Please tell us about yourself. Include why you want to volunteer, if you have something specific you would like to do as a volunteer, what you expect from volunteering and what you can give as a volunteer. Thank you!

\_\_\_\_\_

**How did you learn about volunteer opportunities at Trinity Health Grand Haven?**

\_\_\_\_\_

**Is there someone we can thank for telling you about us?**

\_\_\_\_\_

### Please check the times you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

### Volunteer Experience

Dates (Years)	Description	Agency or Organization