



Helen Newberry Joy

Hospital & Healthcare Center

Auxiliary Volunteer Application

Personal Information:

Name: _____

Address: _____

City: _____, State _____ Zip _____

Home Phone: _____ Alternate Phone: _____
(cell, work, etc.)

e-mail: _____ Birthdate: _____

What is the best way for us to contact you? • phone • mail • e-mail

Emergency Contact: _____ Phone #: _____

Please describe any additional relevant training you have: _____

Please check the Volunteer assignments you would be interested in:

- Long Term Care – Activities
- Patient Assistant
- Wellness Center Aide
- Other ? _____
- Clerical Aide
- Fundraising
- Special Projects
- Cafeteria Register
- Greeter

Current Status:

- High School
- College
- Community Resident

Practicum/Internship:

Institution _____ Course Name _____

Instructor _____ Number of Hours Required _____

Referral Source (ie. Friend, Radio, Employer, Self Inquiry, Teacher, Church, Poster)

How many hours per week would you like to Volunteer? _____

When are you available?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

I certify that the responses on this application are true to the best of my knowledge. I agree that this information may be verified and references contact by HNJH. Misrepresentation of facts constitutes cause for separation from HNJH Volunteer Services.

Applicant Signature

Date

Please return completed application to:

**Helen Newberry Joy Hospital & Healthcare Center
Attn: Michele Petersen
502 W. Harrie Street, Newberry, MI 49868
906-293-9151**

* Helen Newberry Joy Hospital & Healthcare Center does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the selection and placement of volunteers.