

Covenant HealthCare

Volunteer Application

Please complete this application and return it to:

Covenant HealthCare
Volunteer Services Manager
1447 North Harrison
Saginaw, Michigan 48602

Name: _____ Birth Date: _____
Last First Middle Month/Day/Year

Address: _____ Phone: _____
Street City State Zip Home Cell

Have you ever volunteered or been employed at any Covenant location? Yes No If yes, where: _____

Emergency Contact: _____
Name Address Phone Relationship

REFERENCES. Please provide names and phone numbers of two persons, excluding relatives, who know you and would be willing to respond to a reference request.

1.	Name	Address: Street, City, State, Zip	Phone
2.	Name	Address: Street, City, State, Zip	Phone

Employment History LIST TWO MOST RECENT EMPLOYERS

1. **Employer Name:** _____ **Dates of Employment:** _____
Address: _____ **Job Title:** _____
Type of work? _____
Why did you leave? _____

2. **Employer Name:** _____ **Dates of Employment:** _____
Address: _____ **Job Title:** _____
Type of work? _____
Why did you leave? _____

Volunteer Experience

	ORGANIZATION NAME	CITY/STATE	DATES OF SERVICE	DESCRIBE DUTIES
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Education

	CIRCLE LAST YEAR COMPLETED							
	9	10	11	12	GED			
1. High School Name: _____ City/State: _____								
2. College Name: _____ City/State: _____ Degree Earned: _____	1	2	3	4	5	6	7	8

Other Training/Education/License, Etc: _____

Skills, Hobbies or Special Interests

List any skills you have that may be used to further the mission, vision and values of Covenant HealthCare (i.e., clerical, computer, telephone, public speaking, writing, language, entertainment, crafts, etc.): _____

Preferred Service, Time Available, Etc.

	VOLUNTEER SERVICE I AM INTERESTED IN	DAY(S) OF WEEK	# HOURS/DAY	SHIFT: MORNING, AFTERNOON, EVENING
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Covenant has many locations that utilize volunteers. Are you able to work any location? Yes No

Are you completing this application for school or a community related service (i.e., Michigan Works)? Yes No

If yes, please explain: _____

Please list any health related conditions which may prevent you from performing any volunteer work responsibilities: _____

Additional information or comments: _____

Have you ever been convicted of a crime, including a misdemeanor? Yes No If yes, state where, when and nature of offense: _____

Are there any legal charges pending against you? Yes No If yes, please explain: _____

Are you volunteering to satisfy a court required probation? Yes No If yes, please list your probation officer's name and phone number: _____

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 my references may be contacted by the Covenant HealthCare Volunteer Department. I authorize Covenant to do a criminal background check and understand my date of birth is necessary for this check. If accepted for volunteer placement, I will comply with the values, policies and procedures of Covenant HealthCare in effect or revisions which may be issued in the future. Misrepresentation of facts constitutes cause for separation from volunteer placement.

Signature _____ Date _____

FOR COVENANT HEALTHCARE USE ONLY

Placement: _____

Application reviewed by: _____

Interview date: _____ Time: _____

Interviewed by: _____

Check when completed: Orientation Confidentiality Agreement
 Uniform Mandatory Education
 TB Test



Extraordinary care for every generation.

Covenant HealthCare Volunteer Services
1447 North Harrison
Saginaw, Michigan 48602
989.583.6048
E-mail: volunteering@chs-mi.com
Website: covenanthealthcare.com