



BAY REGION

VOLUNTEER APPLICATION

Make a Difference.

Be a McLaren Bay Region Volunteer!

Dear McLaren Bay Volunteer Applicant,

Thank you so much for your interest in joining the volunteer team at McLaren Bay Region! Our staff is *delighted* to work alongside such **committed** people who support McLaren Bay Region through volunteerism. The McLaren volunteer program is an amazing asset to both our McLaren Team, the Great Lakes Bay Region, and beyond – enhancing the patient experience and supporting the many different areas of the hospital! One of the greatest gifts that you can ever give to your community is your time. **You are admired** for considering sharing yours with us.

It is our goal to keep you in the loop when it comes to ways you can support your local hospital, and help you make the biggest impact as a volunteer. We are here to help McLaren Bay Region in its mission of providing the best health care in our communities – and we are so glad you've chosen to join us.

Here are some of the possible ways you can help as a volunteer:

- Greet patients and visitors at the door
- Assist patients to their room
- Office work, such as sorting, filing and collating
- Deliver mail to patients while hospitalized
- Assist customers in the Gift Shop
- Escort patients to the door upon discharge
- Offer patients a complimentary book or personal care item from the Comfort Cart
- Help out at the Helen M Nickless Volunteer Clinic, a Wednesday evening free clinic available to the uninsured
- Many more opportunities to be identified...

Most volunteers can plan for 3-4 weeks from the completion of their application before they get to dive into service. Onboarding our volunteers ensures that each and every person is well prepared for service at McLaren Bay Region.

Items that need to be completed prior to volunteer service beginning:

- Background check
- TB Test covered and provided by McLaren Occupational Health (2 steps, 1 week apart)
- Flu shot covered and provided by McLaren Employee Health (October – April.) *If you already have had annual flu shot, you will be asked to provide documentation.*
- Orientation (3-4 hours in person, or available online)

Did you know that volunteering is proven to help people find purpose, improve their physical health and emotional well-being, and make lifetime connections? We know that sounds like an awesome bonus to serving your community, and we are excited to get you started!

**McLaren Bay Region
VOLUNTEER APPLICATION**

Name _____
Last First MI

Address _____
Street City State Zip

Cell Phone: _____ Home Phone: _____

Email address _____

Birth Date: _____ Driver License Number _____
Month / Day / Year

Emergency Contact _____
Name Phone Relationship

EMPLOYMENT HISTORY *(List two most recent employers, if any)*

Employer _____ Employment Dates: _____

Type of work: _____ Currently employed? Yes No

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Type of work: _____ Currently employed? Yes No

EDUCATION

Graduated from High School or have GED? Yes No

College Degree? Yes No If yes, field of study: _____

VOLUNTEER EXPERIENCE

	Organization Name	City/State	Dates of Service	Describe Duties
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

SKILLS, HOBBIES OR SPECIAL INTERESTS

List any skills or special interests you have (for example: clerical, computer, phone, public speaking, writing)

SERVICE PREFERENCE / TIME AVAILABLE

PREFERRED SERVICE LOCATION:

- McLaren Bay – Main Campus
- McLaren Bay – West Campus (off Midland Rd.)
- McLaren Bay – West Medical Mall (on Euclid Ave.)
- McLaren Bay – West Branch Medical Building
- Other: _____

PREFERRED SERVICE AREA:

- Greeting, Wayfinding
- Gift Shop
- Clerical
- Other: _____

What time commitment are you prepared to make? (Check one)

- 3 months 6 months 1 year Longer

Please list any health-related conditions or concerns you may have:

Reason you have chosen McLaren Bay Region Volunteer Services program:

Are you preparing for any special career or have training in any special area? Yes No

Explain _____

Are you volunteering to fulfill some requirement of service hours? Yes No

If yes, which category best describes your service hour requirements?

- High school Academic/ Degree Court Order Michigan Works Participant
- Other (Please specify) _____

How many hours are you required to complete? _____ In what time period? _____

I certify that the responses on this application are true to the best of my knowledge.

I hereby request to become a member of the Volunteer Services Department at McLaren Bay Region and will abide by all hospital and department policies. I am willing to volunteer and:

- **I am 15 years of age or older.** (*Persons under 17 years of age must have a working permit*).
- I agree to complete a half day in-person orientation or online orientation, and to be trained and oriented to the tasks and functions to which I am assigned.
- I will wear a volunteer ID badge and accurately record my service hours.
- I will receive a TB Test prior to beginning my volunteer duties; an annual Influenza Vaccination (if volunteering during the months of October – March).
- I understand that my services are donated without contemplation of compensation or future employment and does not constitute an employment contract.
- I understand my assignment can be terminated at any time with or without notice and for any reason.
- I will respect the need for safety, infection control, and patient confidentiality.
- I understand that my volunteer work experience will be recorded and held for future reference. I give my permission for release of this information.
- I agree to donate at least 50 unpaid hours of service within a one-year period (students will pledge at least one full semester or a minimum of 40 hours).

I have read and understand the information on the Information Sheet below. Should I need medical attention during or as a result of this healthcare career observation experience, I assume full responsibility for any treatments deemed necessary. I assume responsibility of all medical costs which result and release McLaren Bay Region of all liability. I give the facility at which the healthcare career observation is being conducted permission to release my telephone number or contact instructions to the requested department. While I am functioning in a healthcare career observation at any site under McLaren Bay Region, I realize that all health care information, patient / resident care and records are a confidential matter. All information exchanged while I am observing must be held in the strictest confidence.

In connection with my opportunity to participate in any program affiliated with McLaren Bay Region, I understand that information may be requested as to my character and other personal history. I further understand that you will be requesting information regarding my criminal history and other public records. I agree that any false information may subject me to removal from programs at McLaren Bay Region. It is the policy of McLaren Bay Region not to employ or retain persons in positions of trust who have demonstrated a propensity to engage in illegal activities.

I hereby authorize and release from all liability without reservation, McLaren Bay Region and any law enforcement agency, administrator, state/federal agency, institution, insurance company, or person gathering or furnishing the above information.

Applicant Signature

(Parent or guardian signature of any applicant under 18)

Date

Return this Application, background check release form and current flu vaccine to:

**McLaren Bay Region, Volunteer Services
1900 Columbus Avenue, Bay City, Michigan 48708**

OFFICE USE

Interviewer: _____

Date: _____
