

SCHOOLCRAFT MEMORIAL HOSPITAL

7870W US Highway 2
Manistique, MI 49854

VOLUNTEER APPLICATION

Schoolcraft Memorial Hospital is an Equal Opportunity Employer. It is our policy to hire the best qualified applicants. We do not discriminate on the basis of race, color, creed, religion, national origin, sex, disability, age, height, weight, veteran status, marital status, genetics or any other reason prohibited by law.

APPLICANT

Applicant Name: _____
Address: _____
City/State/Zip: _____
Email address: _____
Daytime phone number: _____
Cell phone number: _____

JOB POSITION

Volunteer position you are applying for: _____
List any specialized training you have related to this position: _____

EDUCATION

High School

School name _____
Address _____ City _____ State _____
Did you graduate? ☐ yes ☐ no

General Equivalency Diploma (GED)

If you did not graduate from high school, did you obtain a GED? ☐ yes ☐ no ☐ n/a

College/University

School name _____
Address _____ City _____ State _____
Did you graduate? ☐ yes ☐ no Degree obtained _____

Vocational/Trade School

School name _____
Address _____ City _____ State _____
Did you graduate? ☐ yes ☐ no Degree obtained _____

CURRENT EMPLOYER

Employer name _____
Address _____ City _____ State _____
Supervisor name _____ Phone number _____

VOLUNTEER EXPERIENCE

Current

Employer name _____
 Address _____ City _____ State _____
 Phone number _____
 Current job position _____
 Supervisor name _____

Prior

Employer name _____
 Address _____ City _____ State _____
 Phone number _____
 Current job position _____
 Supervisor name _____

Prior

Employer name _____
 Address _____ City _____ State _____
 Phone number _____
 Current job position _____
 Supervisor name _____

BUSINESS REFERENCES

Reference name _____
 Business name _____
 Address _____ City _____ State _____
 Phone number _____

Reference name _____
 Business name _____
 Address _____ City _____ State _____
 Phone number _____

Reference name _____
 Business name _____
 Address _____ City _____ State _____
 Phone number _____

AVAILABILITY

Please check all that apply: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
☐ Saturday ☐ Sunday ☐ any

Shifts available to volunteer: ☐ Days ☐ Evenings ☐ Weekends ☐ any

If selected, when are you available to begin? _____

TRANSPORTATION

Do you have a valid driver's license? ☐ yes ☐ no

Driver's license # _____ Expiration date _____

Will you have transportation to and from the hospital? ☐ yes ☐ no

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE NUMBER _____

I understand that this application is not an offer of employment. I agree that my volunteer work at Schoolcraft Memorial Hospital may be terminated at any time, with or without notice and with or without cause.

I understand that I will be subject to the policies and rules and regulations established by the SMH Board of Trustees and that these policies, rules and regulations are subject to change by the Board of Trustees at any time.

I understand that any misstatements in, or omissions from this application constitute cause for denial of volunteer work or cause for dismissal. All information submitted by me in this application is true.

I authorize the references listed in this volunteer application and any prior employer, educational institution, or any other persons or organizations to give Schoolcraft Memorial Hospital any and all information concerning my previous history and experiences. I understand that such information may contain my social security number. I release all parties from all liability for any damage that may result from furnishing that information to this hospital. In addition, I hereby waive written notice that employment information is being provided by any person or organization.

This application is current for one year. At the conclusion of that time, if I have not heard from SMH and still wish to be considered as a volunteer, it will be necessary to fill out a new application.

Signature of Applicant: _____ Date: _____

Print Name: _____

If you have any questions or would like to update your application at any time in the future, please contact Gina Lindquist, Human Resources Director, at 341-3211 or glindquist@scmh.org.

Thank you.