for your interest in our volunteer program

Sinai-Grace Hospital Volunteer Checklist

• Complete and return a volunteer application to: Sinai-Grace Hospital, 6071 West Outer Drive, Detroit, Michigan 48235- Attention: Volunteer Services. You must be at least 15 years of age to volunteer.

• Meet with a Volunteer Services representative to explore placement opportunities and answer questions. We will try and work with your placement preferences, but we encourage flexibility to meet our immediate volunteer needs.

• Commit to volunteer at least one (1) day per week for at least for four (4) hours.

• Attend new volunteer orientation. If you are selected, you will receive notification inviting you to the next available session.

• If you are selected, a physical examination, tuberculosis skin test, blood work, drug screening and the required immunizations from a personal physician will be needed. You must take the attached letter and health assessment form to your appointment. If you do not have access to a physician, call our Occupational Health Services Department at (313) 966-4807 to schedule an appointment to have a physical exam.

Please take the following with you for your physical exam:
1. Picture I.D.
2. Immunization record
3. Parental consent form if under 18 years of age
4. Individuals with a prior or current health condition may be asked to provide a letter of release from their physician stating any precautions or restrictions.

• If you are selected, you will be required to obtain a volunteer uniform and identification badge. The uniform will require a $10.00 deposit.
I hereby give permission for my son/daughter to participate in the volunteer services program at Sinai-Grace Hospital.

In accordance with hospital policy, all volunteers are required to complete an application, obtain health screening (physical exam, tuberculosis skin test, blood work, drug screening, immunizations and vaccinations, i.e., Hepatitis B if needed) and attend an orientation session for new volunteers.

If you have any questions, please call Volunteer Services at (313) 966-4565.

(Please tear off and return the bottom portion of this form)

I give my child _____________________________________________________________.

Please print clearly

permission to serve as a teen volunteer at Sinai-Grace Hospital. I agree that my child will comply and adhere to all Sinai-Grace Hospital and Detroit Medical Center policies and procedures including completion of all applications, new volunteer orientation and the health screening consisting of the following: physical exam, tuberculosis skin test, blood work, drug screening, immunizations and vaccinations, i.e., Hepatitis B if needed.

Print name of parent or guardian

Parent or Guardian signature                     Date
Dear Doctor:

Your patient will participate in the volunteer program at Sinai-Grace Hospital. His or her job duties may vary and may involve patient contact. To protect both the volunteer and our patients, we require a physical examination.

Additionally, as some of our patients may be immune compromised, it is important that the susceptibility of the volunteers to communicable disease such as chicken pox and measles be determined.

Therefore, the following evaluation is required:

1. History and Physical:
   - To determine whether he/she is physically able to work in our facility.

2. Documentation of immunization or childhood disease history of and serum titers indicating susceptibility/immunity for:
   - Measles
   - Mumps
   - Rubella
   - Varicella

3. Two (2) step Tuberculosis testing performed by the **Mantoux** method. The second skin test must be placed one to three weeks after the first test. Documentation of each test must appear on letterhead and include to date placed, date read, the measurements in millimeters of in duration (even if it is zero) and signatures.

The results of this evaluation should be forwarded to:

DMC Occupational Health Services
Sinai-Grace Hospital
6071 W. Outer Drive
Detroit, MI 48235

If you have any questions, please feel free to contact our office at (313) 966-4807 or the Volunteer office at (313) 966-4565.
Please circle hospital(s) for which you are applying

- Barbara Ann Karmanos Cancer Institute
- Children's Hospital of Michigan
- Detroit Receiving Hospital and University Health Center
- Harper University Hospital
- Huron Valley-Sinai Hospital
- Hutzel Hospital
- Rehabilitation Institute of Michigan
- Sinai-Grace Hospital

PERSONAL INFORMATION

Name:

Last

First

Middle Initial

Home Phone (  )______________________

Work (  )__________________________

Cell (  )__________________________

Email________________________________________

Home Address:

Address/ Street________________________________________

City______________________________ State_______ Zip ________________

Birthday: (Month, Date _____/_____)

Are you 18 or older

Y____/N___

_____Male or _____Female

Ethnicity: ___________________________________

In Case of Emergency Notify:

EDUCATION

Circle highest level completed:

High School 9 10 11 12 Diploma ____________  G.E.D. _____________

College 1 2 3 4 Degree______________

Major_____________________________

Other, please explain

REFERRAL SOURCE

Please circle how you learned about volunteer opportunities at the DMC.

How referred:
EXPERIENCE AND SKILLS

VOLUNTEER EXPERIENCE:
Organization(s):  Position/s:  Date/length of service:

Employment Experience:
Current employer:  Position:  Dates of employment:
Previous Employer:  Position:  Dates of employment:

Civic/Professional Memberships:
Organization(s):  Position(s):  Dates of membership(s):

Briefly describe your reason for volunteering:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

List three adjectives that describe you as a person: 1. 2. 3.

Special Skills: (Please check all that apply)
_____ Arts and Crafts  _____ Clerical  _____ Computer  _____ Cosmetology  _____ Music  _____ Public Speaking
_____ Foreign Language (please specify)  ___________________  _____ Other Special Talent (please specify) _________________

TYPE OF VOLUNTEER SERVICE YOU PREFER:
_____ Clerical  _____ Family Lounges  _____ Gift Shop  _____ Inpatient Care  _____ Library  _____ Outpatient Clinic  Patient Care
_____ Play Rooms  _____ Sibling Care  _____ Speaker  _____ Sunday Worship  _____ Tour Guide  _____ Tutor
_____ Other Assignment (please specify)  ___________________

SCHEDULE PREFERENCE
Hours Available:  (Please circle days and times)
M T W TH F Sat. Sun. AM PM

BACKGROUND INFORMATION
This information is not needed if you are applying to volunteer at Children’s Hospital

Have you ever been convicted of a felony?  ____ No  ____ Yes
If yes, please give date, charge and current status __________________________
Do you have any felony charges outstanding?  ____ No  ____ Yes
If yes, please give date, charge, and current status __________________________
Are you volunteering to satisfy a court requirement?  ____ No  ____ Yes

The DMC is an equal opportunity organization and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, height, weight, marital or veteran status, or the presence of a medical condition or handicap.

Signature: __________________________________________
Date: ________________

Revised 7-07