



Volunteer Services Application

Please read and print carefully

Application Date: _____

Persons volunteering with Allegan County Medical Care community are required to present proof of identification, comply with a criminal background check, and participate in volunteer orientation If volunteer hours expect to be 10 hours or more per week, TB testing may be required.

PERSONAL INFORMATION

Name: First M. Last: _____

Address, City, Zip: _____

Phone Number Home: (____)_____ Cell: (____)_____ Work: (____)_____

E-mail Address: _____

Date of Birth _____ Are you 18 or older? Yes No

AVAILABILITY – Days and hours available (please fill in hours on appropriate day)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Date you would be available to start volunteering: _____

Why did you choose to volunteer at ACMCC? _____

Special skills, certifications, interests, hobbies: _____

Have you ever been employed or volunteered at Allegan County Medical Care Community before?

Yes: _____ No: _____ If yes, please explain: _____

APPLICANT AGREEMENTS

In consideration of this conditional volunteer status, I hereby understand and agree that, if the criminal history check does not confirm my statements above, by resident access will be terminated by the facility as required unless and until I can prove that the information is incorrect. The facility shall provide a copy of the results of the criminal history check conducted to me upon request. I also understand and agree that failure to meet any conditions described in this policy may result in the termination of my volunteer status and that those conditions are good cause for termination. I further agree to report any future criminal arrest, arraignment or conviction to the ACMCC administrator as required by law. I further understand that an individual who knowingly provides false information regarding criminal convictions in this statement is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or a fine of not more than \$500.00 or both. (MCL 333.20173(9))

MCL Section 750.145m defines "vulnerable adult" as 1 or more of the following: (i) An individual age 18 or over who, because of age, developmental disability, mental illness, or physical disability requires supervision or personal care or lacks the personal and social skills required to live independently, or (ii) A person 18 years of age or older or a person who is placed in an adult foster care family home or an adult foster care small group home or (iii) A vulnerable person not less than 18 years of age who is suspected of being or believed to be abused, neglected, or exploited. This Policy and documentation is required by the Michigan Department of Consumer and Industry Services to be used by a Nursing Home, Hospital Long-Term Care Unit, County Medical Care Facility, or Home for the Aged when it determines to grant volunteer access to residents to an applicant before receiving the results of the applicant's criminal history check as required by Section 333.20173 of the Michigan Compiled Laws. Authority: PA 368 (333.20173) of 1978; PA 303 of 2002; PA 27, 28, 29, of 2006; Reviewed/ revised: May 7, 2002, April 1, 2006; July 31, 2007

SIGNATURE OF APPLICANT: _____
(OVER)

INDIVIDUAL VOLUNTEER REQUEST FORM

As an ACMCC volunteer, I agree to:

- Represent ACMCC with professionalism, dignity and pride. Respect and follow policies and procedures to the best of my ability. I will check the volunteer bulletin board regularly for updates.
- Arrive promptly on my volunteer shift. If I will be absent from ACMCC during a scheduled shift, I will inform ACMCC within 48 hours of my planned absence.
- Sign in each time I volunteer and document all completed volunteer service hours.
- Maintain the confidentiality of all proprietary or privileged information involving residents, staff, volunteers, and overall ACMCC business.
- Treat residents, staff, and fellow volunteers with courtesy and respect and work cooperatively as a team member with staff and other volunteers, regardless of race, national origin, religion, sex, marital status, disability, sexual orientation and/or social economic level.
- Follow the ACMCC dress code business casual, dressing modestly and appropriately.
- Direct any questions or concerns to the Volunteer Coordinator.
- I understand that my volunteer position is at will and can be terminated by myself or ACMCC at anytime.

I have read the above information and I agree to keep any information obtained at ACMCC about any resident here in absolute confidentiality and to follow these guidelines.

Name: _____ Date: ____/____/____

IN CASE OF EMERGENCY

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____

Please email this form to (spurman@allegancounty.org), fax to 269-673-6199, mail or bring to ACMCC at 3265 122nd Avenue, Allegan, MI 49010.

Personal or Professional References (For Volunteer Drivers Only)

Name: _____ Years Known: _____

Address: _____

Phone Number: (____) _____ Relationship: _____

Name: _____ Years Known: _____

Address: _____

Phone Number: (____) _____ Relationship: _____

Drivers License #: _____

Signature of Volunteer Driver Applicant: _____

Date of Volunteer Driver Application: _____