



# Volunteer Application

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*To be filled out by individuals interested in volunteering*

## **Contact Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best Method of Contact:      *Phone (Home)*      *Phone (Cell)*      *Text Message*      *Email*

Are you 18 years of age or older?      *Yes*      *No*

## **Emergency Contact:**

Full Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

## **I am interested in the following volunteer opportunities:**

- |  |  |
|--|--|
| <input type="checkbox"/> Food Pantry (stocking, organizing, patient                                  | <input type="checkbox"/> Office Work (filing, mailings, scanning) assistant) |
| <input type="checkbox"/> Insurance Application Counselor (assist and counsel during open enrollment) | <input type="checkbox"/> Data Entry & Analysis                               |
| <input type="checkbox"/> Administrative (marketing, finance, website)                                | <input type="checkbox"/> Handy Work (lawn care, moving furniture)            |

**\*Please Note:** Packard Health is **not** able to provide clinical volunteer opportunities; please let us know if you are a nursing or medical student interested in a clinical education experience



Do you have any special skills or resources to share (such as computers, foreign language, etc)?

Is there anything else you would like us to know?

**I am available to volunteer:**

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
<input type="checkbox"/> <b>Morning</b> (8:30 AM-12:00 PM)	<input type="checkbox"/> <b>Morning</b> (8:30 AM-12:00 PM)	<input type="checkbox"/> <b>Morning</b> (8:30 AM-12:00 PM)	<input type="checkbox"/> <b>Morning</b> (8:30 AM-12:00 PM)	<input type="checkbox"/> <b>Morning</b> (8:30 AM-12:00 PM)	<input type="checkbox"/> <b>Morning</b> (8:30 AM-12:00 PM)
<input type="checkbox"/> <b>Afternoon</b> (1:00 PM - 5:00 PM)	<input type="checkbox"/> <b>Afternoon</b> (1:00 PM - 5:00 PM)	<input type="checkbox"/> <b>Afternoon</b> (1:00 PM - 5:00 PM)	<input type="checkbox"/> <b>Afternoon</b> (1:00 PM - 5:00 PM)	<input type="checkbox"/> <b>Afternoon</b> (1:00 PM - 5:00 PM)	<input type="checkbox"/> <b>Afternoon</b> (1:00 PM - 5:00 PM)

I confirm that all of the above information is accurate and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

At Packard Health we are dedicated to serving the medical needs of Washtenaw County’s residents. We strive to provide the best possible care to our patients and community, including those whose economic, social, or cultural conditions might otherwise prevent them from accessing health care. By signing this, I also agree that I will abide by the mission, vision, and values of Packard Health with a consideration for treating all patients and staff with respect and support.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Email this completed form to [resumes@packardhealth.org](mailto:resumes@packardhealth.org).*