



Exalta Health Volunteer Application

2060 Division Ave S., Grand Rapids, MI 49507 • Phone (616) 475-8446 • Fax (616) 475-1272

Thank you for your interest in Exalta Health. You will be contacted by phone or email as soon as possible to schedule an interview with the volunteer coordinator once your application has been reviewed.

PERSONAL INFORMATION

Name _____

First

Middle

Maiden Name

Last

Address _____

Street

City

State

Zip

Date of Birth ____ / ____ / ____ DD/MM/YYYY

Telephone (day) _____ (Evening) _____

Email _____

Emergency

Contact _____ Relationship _____ Telephone _____

Please list any medical allergies or any medical conditions we should be made aware of.

AVAILABILITY AND LENGTH OF COMMITMENT

Please check the days you are available to volunteer and indicate times (9-12pm, 1-5pm, Mondays 2x/month 6-8PM) behind each.

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Frequency: _____

Date Available to Start Work: _____

How long can you commit to this service? _____

Please list the minimum hours required for school curriculum/program: _____

BLOODBORNE PATHOGEN TRAINING:

Do you receive bloodborne pathogen training through work or school? _____

If so, how often? _____

EDUCATIONAL BACKGROUND

School (High School first)	Location	Attended	Dates of study	Major course Degree
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Have you served in the U.S. armed forces? Yes No
 Dates: _____

Type of discharge: _____

PREVIOUS WORK AND VOLUNTEER EXPERIENCE

1. _____
 Dates Employer/Volunteer Org Address Telephone

 Employee or Volunteer Job description/Skills Reason for leaving Supervisor Name

May we contact your supervisor? Yes No If no, please explain

2. _____
 Dates Employer/Volunteer Org Address Telephone

 Employee or Volunteer Job description/Skills Reason for leaving Supervisor Name

May we contact your supervisor? Yes No If no, please explain

3. _____
 Dates Employer/Volunteer Org Address Telephone

 Employee or Volunteer Job description/Skills Reason for leaving Supervisor Name

May we contact your supervisor? Yes No If no, please explain



For what position would you like to volunteer? Please check all that apply.

Office

- Administrative
- Receptionist
- General Clerical
- Data Entry
- Mailings
- Medical Records
- Interpretation

Health Center

- CNA
- MA
- LPN
- RN
- Phlebotomist
- Dental Assistant
- Dental Hygienist
- Optician

Building Maintenance

- Cleaning
- Painting
- Misc. Repairs
- Electrical
- Plumbing
- Outdoor Maintenance
- Other _____

PERSONAL PHILOSOPHY

Please provide the following information:

Church Name _____
Address _____
Phone _____
Pastor's Name _____

How did you learn about volunteer opportunities at Exalta?

Why are you interested in volunteering at Exalta? Please describe how your personal philosophy or salvation experience relates to your interest.

REFERENCES

Please give the names of two persons/friends who have known you for the past three years and can speak toward your character. Please do not give the names of relatives.

1. Name _____
Address _____
Phone # _____ Occupation _____
Relationship _____

2. Name _____
Address _____
Phone # _____ Occupation _____
Relationship _____

MEDICAL AND CRIMINAL HISTORY

Please respond to the following questions. All prospective volunteers must provide evidence of freedom from communicable tuberculosis (TB test).

Do you have any physical, mental or medical conditions that would affect your ability to perform the volunteer function for which you are applying? ____ Yes ____ No

If yes, please explain

Have you ever been convicted of a crime or other misdemeanor? ____ Yes ____ No

If yes, please explain

Are you listed in either the sex offender register or the Central Abuse registry? ____ Yes ____ No



STATEMENT OF FAITH

Exalta Health adheres to the following summary of what we believe. All personnel and volunteers must comply with this Statement of Faith.

“We believe in God, the Father, who creates and sustains us, Jesus Christ, the Son, who redeems and rules us, and the Holy Spirit, who guides us personally and professionally, through prayer and God’s inspired Word, the Bible, our infallible guide for faith and conduct, and through the communion of Christians. As an expression of our gratitude to God for his everlasting grace, we are committed to serving people of all national origin, religion, gender, age, and creed in a manner which brings honor to His name.”

I have read the statement of faith and agree to uphold and abide by its principles while volunteering at Exalta Health. I have completed this application and hereby declare the information provided is true, correct and complete to the best of my knowledge.

Signature

Date