



## 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MM/DD/YYYY Ethnicity: \_\_\_\_\_

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	Location	Attended	Dates of study	Major course Degree
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

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

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**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 # \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Relationship \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_  
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



## COMMITMENT TO EXALTA HEALTH

**Mission:** Exalta Health reflects the spirit of Christ by providing compassionate, accessible healthcare.

**Values:** Christ-centered, compassion filled; quality driven; person focused; empowering; holistic; collaborative.

**Faith Statement:**

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 and understand the mission, values, and faith statement of Exalta Health and agree not to undermine these foundational statements through my words or actions. If I have concerns about how these principles are carried out in practice, I will bring these concerns to the identified Exalta Health staff person.

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Signature

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Date