



Volunteer Application

SMP Health - Ave Maria volunteers aspire to make a difference in the lives of the residents they serve through compassion and respect as they help the residents to achieve their highest quality of life.

Name: _____ Date of Birth (mm/dd): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone number(s): _____

Preferences and Interests:

Availability: Year Round Summer Only Winter Only Other

Do you prefer: Working with residents Office Work No Preference Other

What are some of your interests/hobbies/skills?

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain the nature of the offense: _____

Have you lived or been out of the country within the last 6 months? Yes No

If yes, where: _____

It is SMP Health - Ave Maria policy to have all employee and volunteer yearly flu shots on record. Have you received a flu shot this year?

Yes No

If no, would you like to receive the flu shot at Ave Maria?

Yes No

I certify that the statements made in this application are true and correct. I understand that I will not be paid for my services. I consent to a background check. I understand that any confidential information I learn of is not to be shared with anyone. Confidential information includes, but is not limited to, all medical information including diagnosis, prognosis, and treatment, and everything of a personal, social, or financial nature.

Signature: _____ Date: _____

Signature of guardian (if applicant is under the age of 18): _____