



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Children's Hospital of Michigan Foundation!

PERSONAL INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email _____

Employer/School _____

Are you 18 years or older? Yes No Birth Date (MM/DD/YYYY) _____

Do you have transportation? Yes No Gender Male Female

Are you volunteering to fulfill academic requirements? Yes No

Number of volunteer hours required _____ By what date? _____

How did you hear about us? (Facebook, website, friend, etc) _____

Please tell us about your previous volunteer experiences.

Have you volunteered with Children's Hospital of Michigan Foundation in the past?

What is your motivation for volunteering with Children's Hospital of Michigan Foundation?

EMERGENCY CONTACT

Name _____

Relationship _____

Phone (____) _____

VOLUNTEER PREFERENCES

Check all that apply:

Administrative/Office Support

Administrative/Office Support

Advocacy, Promotion & Public Speaking

*Providing Professional Services

If you selected "Providing Professional Services", indicate your specialty below (check all that apply):

Graphic Design

DJ/Band/Entertainment

Photography/Videography

Other (please specify): _____

Do you currently work professionally in the field checked above? Yes No

AVAILABILITY

Please indicate how often you would like to help:

Weekly Monthly Annually As Needed

Which time frame describes your availability?

Weekdays Weeknights Weekends (at events)

Monday Tuesday Wednesday Thursday Friday

Please share any additional comments & information.

I certify that all of my responses within this application are true to the best of my knowledge.

Signature _____ Date _____

**Thank you for your interest in volunteering with the Children's Hospital of Michigan Foundation.
We look forward to working with you soon!**