

**DMC**  
**Detroit Receiving  
 Hospital**

4201 St. Antoine  
 Detroit, MI 48201  
 (313) 745-3495  
 (313) 993-8664 Fax

For Office Use Only

Date Received: \_\_\_\_\_  
 Interview: \_\_\_\_\_  
 Orientation: \_\_\_\_\_  
 Medical Clearance: \_\_\_\_\_  
 References: \_\_\_\_\_  
 Placement: \_\_\_\_\_  
 Day and Time: \_\_\_\_\_  
 Trainer: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Exit Letter/Interview: \_\_\_\_\_

**PERSONAL INFORMATION**

PLEASE PRINT

Name: Last First Middle Initial

Home Phone ( ) _____	Work ( ) _____
Cell ( ) _____	Email _____

Home Address:  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthday: Month/Day \_\_\_\_/\_\_\_\_ Are you 18 or older Y\_\_\_\_/ N \_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female Ethnicity: \_\_\_\_\_

**In Case of Emergency Notify:**

Name	Relationship	Phone ( )
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**EDUCATION**

High School 9 10 11 12 Diploma \_\_\_\_\_ GED \_\_\_\_\_  
 College 1 2 3 4 Degree \_\_\_\_\_ Major \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_

**REFERRAL SOURCE**

How referred:

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**EXPERIENCE AND SKILLS**

**Volunteer Experience:**

**Organization(s):** \_\_\_\_\_ **Position(s):** \_\_\_\_\_ **Date/length of service:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Employment Experience:**

**Company** \_\_\_\_\_ **Position(s):** \_\_\_\_\_ **Dates of employment:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe your reason for volunteering:**

\_\_\_\_\_  
\_\_\_\_\_

**Special skills: (check all that apply)**

Arts & Crafts  Clerical  Computer  Cosmetology  
 Music  Public Speaking  Storytelling  
 Foreign Language (Please list) \_\_\_\_\_  
 Other (Please list) \_\_\_\_\_

**Areas of interest:**

\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE PREFERENCE**

**Availability** (Please circle days and indicate times below)

**Monday**    **Tuesday**    **Wednesday**    **Thursday**    **Friday**    **Saturday**    **Sunday**

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes

If yes, please give date, charge and current status \_\_\_\_\_

\_\_\_\_\_

Do you have any felony charges outstanding?  No  Yes

If yes, please give date, charge, and current status \_\_\_\_\_

\_\_\_\_\_

The DMC is an equal opportunity organization and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, height, weight, marital or veteran status, or the presence of a medical condition or handicap. Michigan and Federal laws require employers to make accommodations to handicapped applicants or volunteers, if the handicap can be accommodated with certain guidelines, and the individual can perform the essential job duties with or without such accommodations. Handicapped volunteers and applicants may request an accommodation of their handicap by notifying the organization in writing of the need for accommodations within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the organization will preclude any claim that the employer failed to accommodate the handicapper. Completion of this application does not guarantee placement.

I certify that all responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by the DMC Volunteer Services. I understand that any misrepresentation of information constitutes cause for separation or termination from volunteer service.

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

Reference Checked: \_\_\_\_\_

Staff Initial \_\_\_\_\_

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

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### Volunteer Reference Check

Volunteer Applicant:

\_\_\_\_\_

Detroit Receiving Hospital's Department of Volunteer Services would appreciate your assistance in providing us with a written reference for the above mentioned individual. We thank you in advance for your time and cooperation.

Name of Reference: \_\_\_\_\_

Company/School Name: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip code \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail Address: \_\_\_\_\_

1. How long have you known the applicant and what is your relationship?
2. What do you consider to be the applicant's character strengths and how have they been demonstrated?
3. In what areas do you feel the applicant needs improvement? Are they aware of these issues?
4. Would you recommend that the applicant volunteer in a hospital setting?

\_\_\_\_\_Yes      \_\_\_\_\_No

## DMC Customer Service Standards

*The Customer Service Standards are core to our values and apply to every interaction with every individual at all times focusing on servicing out patients and families. I am committed to the DMC Customer Service Standards and .....*

<b>Respect</b>	<p><b><i>I will respect and protect the dignity of each person. I will convey kindness and compassion. I will assist customers to maintain a sense of control and feel valued.</i></b></p> <ul style="list-style-type: none"> <li>✓ Ask customers what their specific needs are, e.g., personal, cultural, religious.</li> <li>✓ Speak clearly, with words and an assuring tone of voice to help customers understand. Confirm that customers understand.</li> <li>✓ Help customers to participate in decision that affect them. Explain what is being done and why.</li> <li>✓ Speak and act in an objective non-judgmental manner.</li> </ul>
<b>Courtesy</b>	<p><b><i>I will treat customers with courtesy at all times.</i></b></p> <ul style="list-style-type: none"> <li>✓ Welcome customers promptly with direct eye contact and a smile.</li> <li>✓ Introduce myself with my name and title.</li> <li>✓ Use phrases such as “please” and “thank you” in conversations.</li> <li>✓ Address customers using Mr., Mrs., or title and last name unless otherwise requested.</li> <li>✓ Ask “How may I help you?”</li> <li>✓ Never tolerate rudeness toward customers.</li> <li>✓ Apologize when customers voice a problem, complaint or inconvenience.</li> </ul>
<b>Ownership</b>	<p><b><i>I will take pride in my work environment. I will recognize every customer as my responsibility at all times.</i></b></p> <ul style="list-style-type: none"> <li>✓ Let customers know what I will do to help. Look for ways to help before being asked.</li> <li>✓ Pick up and dispose of any litter I find. Report all unsafe conditions immediately.</li> <li>✓ Maintain a safe and secure environment for customers and their property.</li> <li>✓ Report all customer service issues to my supervisor.</li> <li>✓ Take initiative to learn about my organization to better assist customers.</li> <li>✓ Always meet customers’ needs or connect them with someone who will.</li> </ul>
<b>Privacy</b>	<p><b><i>I will ensure customers’ right to privacy and modesty. I will maintain a secure and trusting environment.</i></b></p> <ul style="list-style-type: none"> <li>✓ Maintain confidentiality and privacy. Discuss sensitive information privately and not in public/open areas.</li> <li>✓ Request permission to enter when curtains or doors are closed.</li> <li>✓ Close curtains or doors and offer extra covering during procedures, consultations, transporting or as needed to maintain privacy and modesty.</li> </ul>
<b>Professionalism</b>	<p><b><i>I will maintain professional behavior and dress to build customer confidence.</i></b></p> <ul style="list-style-type: none"> <li>✓ Display patience when dealing with customers. Be a role model of cooperation and customer service.</li> <li>✓ Communicate information in a way that is logical and understandable to the customer.</li> <li>✓ Adhere to the dress code. Display the DMC identification badge according to policy.</li> <li>✓ Avoid personal and work related discussions in front of customers or in patient care and public areas.</li> </ul>

## Responsiveness

***I will put the needs of my customers first. I will provide service in a prompt, timely manner.***

- ✓ Anticipate, listen and respond to customers' needs. Deliver what I promise.
- ✓ Take steps to reduce waiting time, explain delays and keep customers updated at regular intervals.
- ✓ Follow established phone standards and etiquette.
- ✓ Respond to customers' questions, complaints and messages in a timely manner and follow-up.

I have read and fully understand the Customer Service Standards. Further, I understand that the Customer Service Standards are a significant part of my ongoing appraisal. As a condition of employment with the Detroit Medical Center, I agree to abide by these standards.

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Signature

Date



## AGENCY/VOLUNTEER AGREEMENT

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you both of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

**Agency:**

We, the Detroit Medical Center, commit to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To respect the skills, dignity and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
4. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

**Volunteer:**

I, \_\_\_\_\_ have read and understand the volunteer policies and procedures. I agree to serve as a volunteer and commit to the following:

- To perform my volunteer duties to the best of my ability.
- To adhere to agency rules and procedures, including record-keeping requirements, infection control standards and confidentiality of agency and client information.
- To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Reference Checked: \_\_\_\_\_

Staff Initial \_\_\_\_\_

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

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\_\_\_\_\_Yes      \_\_\_\_\_No