

Why at Bronson?

SKILLS

Please check the following skills that you have and would like to use in a volunteer position:

Customer Service

- Greeting
- Conversational/small talk
- Giving directions
- Escorting
- Answering call lights
- Playing cards
- Reading aloud
- Merchandizing
- Cash register

Computer Skills / Office Support

- Microsoft WORD
- Microsoft EXCEL
- Microsoft ACCESS
- Microsoft PowerPoint
- Data entry
- Scanning to file or disk
- Run errands
- Copying
- Assembling packets or mailings
- Filing
- Organizing

Other Skills:

INTEREST

Rank the following volunteer categories according to interest

1 = highest interest, 7 = least interest

Public - assisting outpatients and visitors

These positions greet, give directions, serve and assist patients and visitors.

- _____ *Front Desk*
- _____ *Coffee Shop*
- _____ *Gift shop*
- _____ *Surgery waiting*
- _____ *Rehabilitation services*
- _____ *Human Resources office*
- _____ *Special events*

AVAILABILITY

Are you currently employed? No Yes Full Time Part Time

What is the total numbers of hours *per week* that you would like to volunteer? _____

Please indicate your availability to volunteer - check all boxes that apply.

	Mon	Tue	Wed	Thur	Fri		
morning							
afternoon							
evening							

VOLUNTEER EXPERIENCE (most recent first)

Please include the following for each experience:

Company: _____

Supervisor: _____

Dates of service: _____

Total hours volunteered: _____

Responsibilities: _____

Company: _____

Supervisor: _____

Dates of service: _____

Total hours volunteered: _____

Responsibilities: _____

WORK EXPERIENCE (most recent first)

Please include the following for each experience OR attach a resume:

Company: _____

Supervisor: _____

Dates of employment: _____

Responsibilities: _____

Company: _____

Supervisor: _____

Dates of employment: _____

Responsibilities: _____

PERSONAL BACKGROUND

Have you ever worked, volunteered or had a student experience at a Bronson company?

- No
- Yes

Check all that apply: Employee Volunteer Student

Your name: _____

Dates, position and which Bronson company: _____

Check all that apply: Employee Volunteer Student

Your name: _____

Dates, position and which Bronson company: _____

Is volunteering part of any academic requirement? No Yes

Will you require documentation of your volunteer experience? No Yes

Briefly describe any required documentation forms and required number of hours.

Are you volunteering to satisfy a court required community service? No Yes

Have you ever been convicted of a misdemeanor or felony? No Yes

Bronson Healthcare Group conducts criminal record checks. Failure to divulge complete information will disqualify you from volunteering. However, conviction will not necessarily disqualify an applicant from volunteering.

If yes, please explain and give the date(s):

Are there any felony charges currently pending against you? No Yes

If yes, explain: _____

REFERENCES

How did you find out about volunteer opportunities at Bronson?

- American Red Cross
- Bronson Employee
- Bronson Retiree
- Career Fair
- School Referral
- Volunteer Center of Greater Kalamazoo
- Other: _____
- Bronsonhealth.com
- Bronson Physician
- Bronson Volunteer
- Relative
- Senior Services
- Word of Mouth

If you were referred by a current employee or volunteer, please enter their name.

If you have any relatives currently employed by Bronson, please list their name(s) and the department(s) where they work.

Please list 2 business, personal or school references that are not a family member to you.

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Please read the Certification on the following page.

I acknowledge that I have read, understand and agree to the Certification Statements.

Signature Date

CERTIFICATION

Read the following carefully before signing.

I hereby certify that the information provided on this application (and any accompanying documents) is correct, accurate, and complete to the best of my knowledge. I also understand that any false information, representations or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

Before I can begin work, and as a pre-condition of employment, I understand I must be able to verify, as required by federal law, that I am authorized to work in the United States. I understand that all applicants offered a position with Bronson must document their authorization to work before the hiring process will be complete. If selected for hire, I understand it will be my responsibility to provide Bronson with documentation establishing my right to work. I understand these documents will be reviewed at the time a conditional offer of employment is made.

I authorize a thorough investigation of my past employment and education, including discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons, corporations and/or educational institutions requesting or supplying such information and waive any right to notice of such disclosure.

I understand that part of Bronson's employment screening process will include a search of criminal background check as a condition of employment. My signature on the previous page signifies that I understand and agree to authorize Bronson Healthcare Group to secure criminal conviction history from the appropriate law enforcement agency.

I agree to submit to any psychological or physical testing which may be necessary to determine my ability to perform the job for which I am being considered. I further authorize any physician or entity conducting such medical examination to release the results of such examination to Bronson.

I understand that if I am granted an interview, I will be asked at that time if I can perform the essential functions of the job for which I am applying, with or without reasonable accommodation. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask Bronson to attempt to make a reasonable accommodation for it. Under federal law, it is my responsibility to inform Bronson that an accommodation is needed. I understand I must make my request for accommodation in writing to the Human Resources Department as soon as possible. Under state law, such request must be made no later than 182 days after the date I know or reasonably should know that accommodation is needed.

I hereby give my consent for Bronson, through an authorized testing service of its choice, to collect blood, urine, hair or saliva samples, or other fluid or tissue samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs or controlled substances, and I hereby release Bronson from any liability arising out of such tests or results. Further, I give my consent for the release of the test results and other relevant medical information to authorized Bronson management for appropriate review. I understand that in order to be considered for employment by Bronson, I must be drug and alcohol free, as confirmed by such testing. If I am accepted for employment by Bronson, I hereby consent to be tested in the above manner during my employment when, in Bronson's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal or unauthorized drug use is a condition of my employment.

If hired, in consideration of my employment, I agree to abide by the rules and policies of Bronson. I understand that my employment with Bronson is for an indefinite term, and I am subject to termination at any time with or without notice, with or without proper discipline or warning, and with or without cause. No person other than the President of Bronson Healthcare

Group or designee has the authority to offer employment for any specified periods of time or to make any contract contrary to the foregoing. Moreover, no such agreement by the President of Bronson Healthcare Group shall be enforceable unless it is in writing, pertains specifically to me, and is signed by the President of Bronson Healthcare Group or designee.