



Emmanuel Hospice

St. Ann's | Clark | Porter Hills | Sunset

Welcome to Emmanuel Hospice!

2161 Leonard St. NW
Grand Rapids, MI 49504
P.
616.719.0919

F.
616.719.0933

www.emmanuelhospice.org

Please follow these step by step directions to submit your volunteer application:

Step 1: Print the volunteer application document.

Step 2: Fill out the entire volunteer application form.

Step 3:

OPTION 1: Scan your volunteer application as a PDF and submit documentation via email to Jackie Chandler: jchandler@emmanuelhospice.org

OPTION 2: Mail or drop off your application to:

Jackie Chandler
Emmanuel Hospice
2161 Leonard Street NW
Grand Rapids, MI 49504



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Volunteer Application

Please use your legal first and last name.

First Name _____ MI _____ Last Name _____

Email _____

Street Address _____ City _____ State _____ Zip _____

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

If seasonal resident, dates you are in Michigan: From _____ to _____

Seasonal Address _____ City _____ State _____ Zip _____

Emergency Contact Information

Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ - _____ Night Phone (____) _____ - _____

Employment Information

Are you retired? Yes No Date of Retirement _____

If employed, place of employment _____

References

Please list three personal references below. Relatives may not be used as references

Name _____ Phone (____) _____ - _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Phone (____) _____ - _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Phone (____) _____ - _____

Street Address _____ City _____ State _____ Zip _____

Other Information

Have you ever been convicted of a misdemeanor or a felony, or pled no contest, pled guilty to a crime, entered a pre-trial intervention program or a similar program, been fined or placed on probation for a misdemeanor or felony, regardless of adjudication? Yes No

If you answered "yes" to either of the above questions, please explain:

How did you hear about us? _____

Hours available

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From	_____	_____	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____	_____	_____

Position/activity of interest _____

How many hours are you willing to volunteer per month? _____

Certify

I certify that the information on this application is true and correct, to the best of my knowledge. I also understand that Emmanuel Hospice is a drug free workplace.

Name _____ Date _____

*Please note that due to state and federal statutes governing hospices and healthcare facilities, we are required to perform criminal background searches on all volunteer candidates. All searches are done confidentially, utilizing government databases. The results of these searches remain strictly confidential.