

Oceana County Medical Care Facility

701 East Main Street Phone (231) 873-6600 Hart, Michigan 49420



OCEANA COUNTY
Medical Care Facility

Volunteer Application – Minor (14 years old – 17 years old)

Name _____ Birthdate _____

Address _____ City/State _____ Zip Code _____

Telephone (Home & Cell) _____

Email Address _____

Would you like to receive newsletter via snail mail or email? _____

Have you ever been in trouble with the police? ___ Yes ___ No

If yes, please explain: _____

Education and Training

___ Middle School ___ Some High School

Any special training? _____

Previous Work Experience

Hobbies, Skills, Special Interests

Do you have any musical skills you would be willing to share?

Do you have any pets you would be willing to bring in to visit? ___ Yes ___ No

If yes, what type(s) and name(s)?

Do you speak a foreign language? ___ Yes ___ No

If Yes, which one(s) _____

Community Groups Affiliations (Clubs, Councils, Committees, Church, etc.)

Previous Volunteer Service

Please check below the items you may be interested in, no experience necessary:

- | | | |
|---|--|--|
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Letter writing | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Bingo & Games | <input type="checkbox"/> Friendly Visitor | <input type="checkbox"/> Filing/Organizing |
| <input type="checkbox"/> Singing & Music | <input type="checkbox"/> Pet Visits | <input type="checkbox"/> Decorating |
| <input type="checkbox"/> Reading to residents | <input type="checkbox"/> Polishing nails | |
| <input type="checkbox"/> Mending/Sewing | <input type="checkbox"/> Plant and Flower Care (inside or outside) | |
| <input type="checkbox"/> Outings | <input type="checkbox"/> Religious Services | |
| <input type="checkbox"/> Passing Trays at meal time | | |

Days preferred for volunteer work (circle): S M T W T F S

Hours preferred (per month or week) _____

As a minor, work permit will need to be obtained from your school, hours will not exceed those defined on the work permit.

Are there any physical conditions we should take into consideration in arranging volunteer assignments for you?

Please give a brief summary of why you wish to be a volunteer at the Oceana County Medical Care Facility

In case of emergency, please notify (name): _____

Address _____ Best Phone # to be reached at: _____

I hereby grant permission to investigate any of the information given in this application. I agree that any false statements in this application shall be sufficient cause for dismissal. The use of this form does not in any way obligate the facility.

Signature _____

Date _____

Parent or Guardian Signature and Print Name

Date _____

**Once form is complete turn in to the OCMCF Volunteer Coordinator for review.
We will be in contact to coordinate orientation.**