



Vaccine Volunteer Application

A criminal background check is a part of our standard application process. The information given on this form is used to obtain verification of criminal background history only. The information provided on this form by you, the applicant, is not used in consideration for volunteering. Individuals under the age of 18 should complete the form but no background check will be completed.

CONTACT INFORMATION

First Name:

Last Name:

Middle Initial:

Other Names Used or Known By:

Date of Birth (xx/xx/xxxx):

Address:

City, State, Zip Code:

Phone:

Email:

Do you want to be vaccinated during your volunteer hours:

Yes

No

LICENSE/CERTIFICATION INFORMATION

1. Do you hold a clinical license/certification?
2. If yes, what type of license/certification or training do you possess?

Availability Information

3. Please indicate which of the following Ascension vaccination sites you would be willing to volunteer at:

- Macomb County Community College, 14500 Twelve Mile Rd, Warren - immediate needs through April 29
- Harrison Township Urgent Care, 25990 Crocker Blvd, Harrison Township - April 10, April 11, May 1, May 2
- Southfield Civic Center Pavilion, 26000 Evergreen Rd, Southfield - Mid April - end of August
- Howell/Livingston Medical Center, 1225 S Latson Rd, Howell - Every Saturday and Sunday from April 10 - May 16
- 21 Mile & Romeo Plank, 46591 Romeo Plank Rd, Macomb - Every Saturday and Sunday from April 17 through end of August
- FCA Family Health and Wellness, 5555 Conner St., Detroit - immediate needs through end of May

4. What days are you able to work 10-hour shifts at the site you specified above? Shifts start at approximately 7:30 am to 6 pm with a 30-minute lunch?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

5. Please indicate which of the following responses are applicable:

- I would like to be administered the vaccine as a result of my volunteer service.
- I need documentation of community hours as a result of my volunteer service.
- Other _____

Additional Comments:

By signing below, I hereby authorize Ascension to obtain a criminal background check about me and consider it when making decisions regarding my involvement as a volunteer at Ascension.

Signature

Today's Date

Next Steps: Please email this form, copy/picture of your photo ID, signed standards of conduct and confidentiality forms to covidvolunteermailbox@ascension.org.