



**VOLUNTEER APPLICATION**

Volunteer Services  
200 East University Avenue  
St. Paul, MN 55101  
(651) 229-3937

**Applicant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work/Other phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

**Education/Work Experience**

Please check the following that best describes the highest level of education you have completed:

\_\_\_ Middle School/Junior High School      \_\_\_ High School  
\_\_\_ College/University      \_\_\_ Trade/Vocational School

In school now? Name of school currently attending \_\_\_\_\_

Other Education/special training/certifications \_\_\_\_\_

Please check all of the following that best describes your current employment situation:

\_\_\_ Part-time    \_\_\_ Full-time    \_\_\_ Unemployed    \_\_\_ Retired

\_\_\_ Employed: Employer Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**IMPORTANT: References**

Two (2) reference forms (pages 4 and 5 of this application) are a required part of the application. Reference forms must be completed and submitted by non-family members (ex: teacher, supervisor). Applications are not complete until both reference forms are submitted. You will be notified when all paperwork has been submitted and your application is complete.

## Skills & Interests

Please indicate special skills that you would like to share with us (i.e., musical instruments you play, languages you are fluent in): \_\_\_\_\_

Areas of Interest: please check **all** that apply:

Patient Interaction:

Recreation aide (must be 18+ yr.)

Nursing unit

Outpatient crafts

Music Therapy

Family/Patient Interaction:

Surgery Waiting Room liaison

Family Resource Center/library

Lobby (escort, etc)

Out-patient clinic

Special Interests:

Assistive Technology Department

Nursing Education Department

Rehabilitation Department

Radiology Department

Pharmacy

Technology interests (computer, website)

Research

Clerical/Office

Clinics:

Minnetonka (rehab/clerical/other)

Burnsville (rehab/clerical/other)

Lifetime Adult Clinic (Phalen):

Maple Grove (rehab)

Office/Lobby/Clinic assistant

Family Resource Center

Rehab

Other: Please explain: \_\_\_\_\_

## Volunteer Availability

Volunteer shifts are typically 3-4 hours, once a week. Volunteers are asked to make a **minimum commitment of one shift per week for 6 months**. Please indicate the days and times you are available to volunteer.

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

From: \_\_\_\_\_

To: \_\_\_\_\_

I am available to volunteer from: (Date) \_\_\_\_\_

To: (Date) \_\_\_\_\_

Level of Physical Activity:  High (lots of walking)     Moderate     Low (mostly sitting)

Have you ever been convicted of, pled guilty to, or pled no contest to a crime other than a traffic offense or petty misdemeanor? \_\_\_\_\_Yes \_\_\_\_\_No If yes, explain briefly

If you have been convicted of a crime and believe the crime you have committed is no longer on your criminal record, you must still disclose the information. Answering "yes" to the question posed above will not, by itself, constitute an absolute bar to being considered for volunteer assignment.

**Please read the following carefully and sign if you agree:**

I authorize a complete investigation by Gillette Children's Specialty Healthcare of the information about me on this application and of my prior work experience. I release my prior employers from any liability and hold them harmless for any information about my work experience or performance that they give to Gillette Children's. I understand that my volunteer status is conditional until 1) I have provided documentation of a negative mantoux; and 2) I successfully pass a criminal background check (for ages 18 and over). I also understand that if I am invited to volunteer at Gillette Children's my volunteer commitment will be for an indefinite period of time which means that either I or Gillette Children's may end this relationship at any time.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Are you age 18 or older? Yes  No

**FOR THOSE UNDER 18 YEARS OF AGE:**

\_\_\_\_\_ has my permission to volunteer his/her service to Gillette Children's Specialty Healthcare. I also give my permission to Gillette Children's Specialty Healthcare to take his/her picture for future reference.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Gillette Children's Specialty Healthcare Volunteer Services is not obligated to provide placement, nor are you obligated to accept the volunteer position offered.**

**IMPORTANT:**

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Submit this application to:  
Paula Cronquist, Volunteer Services  
Gillette Children's Specialty Healthcare  
200 East University Avenue, St. Paul, MN, 55101

Questions? Call (651) 229-3937  
Fax: 651/229-3844



## Volunteer Reference Check

The individual named below has applied to become a volunteer at Gillette Children's Specialty Healthcare, and has given your name as a reference. Your honest evaluation of this applicant would be appreciated. The information you provide will assist us in making an appropriate placement and will be considered confidential. **Please complete this form and mail it to: Volunteer Services, Gillette Children's Specialty Healthcare, 200 University Avenue East, St. Paul, MN, 55101.**

**Volunteer Applicant** \_\_\_\_\_

Volunteers are placed in a number of areas within the hospital. The applicant may have direct contact with children or vulnerable adults.

1. In what capacity have you known the applicant and for how long?
2. Please describe the characteristics of the applicant that would make them an appropriate volunteer. Consider maturity, reliability, initiative, willingness to work, interpersonal and communication skills.
3. Describe the applicant's ability to work with different age groups, people with disabilities, and people of diverse cultures.
4. Do you feel the applicant is well organized and can attend to details related to a volunteer position? Give examples.

Print name of person completing reference \_\_\_\_\_

Signature of person completing reference \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Thank you! Please include any additional information on the back of this sheet. You may also call Gillette Children's Volunteer Services at 651/229-3937 if you would like to discuss this application further.

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