



VOLUNTEER APPLICATION

Volunteer Services
200 East University Avenue
St. Paul, MN 55101
Office: (651) 229-3937 Fax: (651) 312-3167

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:

Two (2) Reference Forms (pages 4 and 5 of this application) are required and must be submitted with the application. Reference forms must be completed by a non-family member (example: teacher, supervisor, etc) and submitted to Volunteer Services. You will be contacted when all paperwork has been submitted.

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

Questions? Call (651) 229-3937
Fax: 651/312-3167



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 or fax to (651) 312-3167.**

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.

Please mail this form to: **Volunteer Services, Gillette Children's Specialty Healthcare, 200 University Avenue East, St. Paul, MN, 55101 or fax to (651) 312-3167.**



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