



VOLUNTEER APPLICATION
(Applicant under 18 years of age)

Gillette Children's Specialty Healthcare
Volunteer Services
200 East University Avenue
St. Paul, MN 55101
Office (651) 229-3937 Fax (651) 312-3167

Date _____

Applicant Information

Last Name _____ First Name _____ Middle Initial _____
Address _____ City _____ State _____ Zip _____
Primary Phone _____ Cell Phone _____
Other phone _____ E-mail address _____

Emergency Contact (Parent or Guardian)

Name _____ Phone _____
Relationship _____

Education

Name of School _____
Please circle grade you are in now: 9th 10th 11th 12th
Other education/special training/certifications _____
Employer Name _____
Type of job _____ Phone _____

Skills & Interests

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

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

Where would you like to volunteer? please check **all** that apply:

Hospital volunteer positions: all positions are weekday hours (not evening or weekend) unless indicated

Patient Interaction:

- | | |
|---|--|
| <input type="checkbox"/> Waiting Room crafts | <input type="checkbox"/> Rehabilitation Department |
| <input type="checkbox"/> Greeter (welcoming, escort, etc) | <input type="checkbox"/> In-Patient Group Activity – Weekday
evenings or weekend afternoons only
(Must be in 11 th or 12 th grade) |
| <input type="checkbox"/> Radiology (X-Ray) Department | |

Special Interests:

- | | |
|---|--|
| <input type="checkbox"/> Technology (computer, website) | <input type="checkbox"/> Clerical/Office |
|---|--|

Clinic Locations: Weekday hours only, no evening or weekend shifts available

- | | |
|---|--|
| <input type="checkbox"/> Minnetonka (rehab/clerical/other) | <input type="checkbox"/> Burnsville (rehab/clerical/other) |
| <input type="checkbox"/> Lifetime Adult Clinic (Phalen)
(rehab/clerical/other) | <input type="checkbox"/> Maple Grove (rehab) |

Other: Please explain: _____

Volunteer Availability

Volunteer shifts are 3 hours, once a week. Please indicate 1st, 2nd and 3rd choice of shifts.

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Saturday |

Time Available. Please indicate 1st, 2nd and 3rd choice of shift times.

- morning (9 am to noon)
 afternoon (1 pm to 4 pm)
 Either morning or afternoon

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:

A Reference Form (page 4 of the application) is a required part of this application and must be completed by a teacher or guidance counselor. Incomplete applications will not be accepted.

Please submit the completed application and Reference Form to:

Volunteer Services
Gillette Children's Specialty Healthcare
200 University Avenue East
St. Paul, MN 55101

Fax: 651/312-3167
Office (651) 229-3937



REFERENCE FOR VOLUNTEER (under 18 years of age):

Applicant Name _____

Address _____

School _____

Teacher completing reference form: _____

This student has applied to be a volunteer at Gillette Children's Specialty Healthcare where we specialize in meeting the medical needs of children and adults with physical disabilities. Your response to the following questions will help us to evaluate this student's abilities and suitability for this kind of volunteer work.

According to your records and knowledge of the student, please comment on the following:

1. Attendance at school/punctuality _____
2. Ability to learn/take initiative _____
3. Ability to follow through with assignments _____
4. Ability to work with others _____
5. Appropriate response to stressful situations _____
6. Ability to make a commitment and follow through _____
7. Respectful communication with others _____
8. Interaction with diverse/disabled peers and others _____
9. Additional comments _____

TEACHER'S SIGNATURE _____ **Phone** _____

Parents: State and Federal legislation requires that schools must have parental consent to release information regarding students. Please sign this form and have your son/daughter turn it in to a teacher or school counselor.

Parent or Guardian Signature

Date
11/2010

Return Reference Form to:
Gillette Children's Specialty Healthcare
Volunteer Services
200 University Avenue East
St. Paul, MN 55101
or Fax to (651) 312-3167