



**VOLUNTEER APPLICATION**  
(Applicant under 18 years of age)

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

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:    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>  
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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:*

Nursing unit (minimum 15 yrs old)  
(Monday thru Thursday, 4 – 7 pm only)

Play Aide (outpatient crafts)

Music Therapy

*Family/Patient Interaction:*

Family Resource Center/library

Greeter (welcoming, escort, etc)

*Special Interests:*

Rehabilitation Department

Radiology (X-Ray) Department

Technology (computer, website)

Clerical/Office

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

Minnetonka (rehab/clerical/other)

Burnsville (rehab/clerical/other)

Lifetime Adult Clinic (Phalen)  
(rehab/clerical/other)

Maple Grove (rehab)

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

### **Volunteer Availability**

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

Monday

Thursday

Tuesday

Friday

Wednesday

Saturday

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

morning (9 am to noon)

afternoon (1 pm to 4 pm)

Either morning or afternoon

Late afternoon nursing unit: 4 pm to 7 pm

**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:

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

(651) 229-3937 Fax: 651/229-3844

Revised 2/2009



# 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

**Return Reference Form to:**  
Gillette Children's Specialty Healthcare  
Volunteer Services  
200 University Avenue East  
St. Paul, MN 55101