

Mercy Hospital Adult Volunteer Application

Please complete all sections. Please print.

Name _____
(last) (first) (middle initial)

Address _____
(street) (city, state) (zip code)

Home Phone (_____) _____ Email Address _____

Have you ever been convicted of a crime? yes no

How did you learn about our volunteer program? _____

Signature: _____ **Date:** _____

.....
A health screening and criminal background check approval are required prior to volunteering and provided free of charge. Due to patient safety concerns, Allina is not able to provide opportunities for court ordered volunteer work. Please discuss this with the volunteer director if you have questions.

Please check the date & time you will be attending a required orientation.

Date: March 25, 2008 May 27, 2008 July 29, 2008
 April 29, 2008 June 24, 2008 August 26, 2008

Time: 1:00 - 3:00 pm 5:00 - 7:00 pm

Report to the Information Desk the day of the orientation. Service area training will follow the completion of placements prerequisites.

Time Commitment: *One shift every other week unless otherwise noted. All adult active volunteers are invited to pay dues of \$5.00 per year to join Mercy's Auxiliary.*

Time you prefer to volunteer (check one): Weekdays: Morning Afternoon Evening **OR** Weekends

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Check service area(s) where you would like to volunteer:

- | | | |
|--|---|---|
| <input type="checkbox"/> Baby Photo Volunteer | <input type="checkbox"/> Intensive Care Waiting Room Receptionist | <input type="checkbox"/> Surgical Waiting Room Receptionist |
| <input type="checkbox"/> Cancer Resource Center Receptionist | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Volunteer Services Receptionist |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Messenger | <input type="checkbox"/> Kenny Kids™ Pediatric Rehab |
| <input type="checkbox"/> Emergency Room Patient Services | <input type="checkbox"/> Messenger Dispatcher | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Gift Shop Clerk | <input type="checkbox"/> Surgical Admissions & Recovery | <input type="checkbox"/> Area of greatest need |

After completing this application:

- Leave it at Mercy Hospital Information Desk
- Mail or fax to our department

Mercy Hospital Volunteer & Auxiliary Services

4050 Coon Rapids Blvd NW

Coon Rapids, MN 55433-2586

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