



Adult Volunteer Application Form (Ages 18+)

Name: _____ Date: _____
(first) (middle) (last)

Address: _____
(street) (city/state) (zip)

Birthdate: mo _____ day _____ yr _____ (yr. optional)

Phone Number: _____ 2nd Phone Number: _____

E-mail: _____

Emergency Contact: #1 Name: _____ Relationship: _____ Phone: _____

#2 Name: _____ Relationship: _____ Phone: _____

Education/Work Experience

Employer: _____ Position: _____ Phone: _____

Work Phone: _____ Ext. _____ May we contact you at work?: Yes No

Retired from: _____ Position: _____

Other work experience (volunteer or paid): _____

Currently attending college: _____ Degree: _____

Volunteer Availability

Volunteer shifts are typically one (4) hour shift every other week, scheduled according to the department need and the volunteers availability. Volunteers are asked to commit to one shift every other week for 6 months or 60 hours.

Volunteer job(s) you are interested in: _____

Place an **X** on the times you are available to volunteer:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9-1							
1-5							
5-9							

Personal/Professional Reference

Please provide a name for a personal reference (please exclude relatives)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Volunteer Health Record

Note: Please provide documentation to verify health information below. If unavailable, a blood test will be provided free of charge to determine immunity.

Have you had:	German Measles (rubella)	Yes	No	Documentation :	Yes	No
	Red Measles (rubeola)	Yes	No	Documentation:	Yes	No
	Mumps	Yes	No	Documentation:	Yes	No
	Chicken Pox	Yes	No	Documentation:	Yes	No

All prospective volunteers will also have a Mantoux Test (Tuberculosis Screening) done before beginning their volunteer service. The Mantoux Test will be taken in Employee Occupational Health (free of charge).

Dr's. Name: _____ Dr's. Phone: _____

Do you have any disabilities or restrictions that might limit your volunteer duties? This information will be used to help with appropriate volunteer placement: _____

Conviction Record

Have you ever been charged, convicted, plead guilty to a crime? **Yes No**

This includes all misdemeanors (except parking violations) and felonies. A criminal conviction record does not by itself constitute an absolute bar to being placed as a volunteer.

Your signature indicates your approval for us to verify your reference, complete a State of Minnesota background study form and if necessary, contact your doctor regarding your physical/emotional health.

Failure to fully and truthfully complete this application may result in denial of volunteer service or termination from service. This is a selection process and not all volunteers are accepted into the program. We reserve the right to place volunteers in the area we feel is best suited to their skills and the needs of the hospital.

The information in this application is accurate and correct to the best of my knowledge:

Applicant Signature: _____ Date: _____

How did you learn about Unity Hospital's Volunteer Program? (Please circle)

Self	Hospital Staff Person	School/College
Hospital Volunteer	Community Agency	Media
Hospital Patient	Other (specify): _____	

Please submit completed application form to:

Unity Hospital
Volunteer Services, Mail Route 52040
550 Osborne Road
Fridley, MN 55432