

TWIN CITIES HOSPITAL

VOLUNTEER/VOLUNTEEN APPLICATION

Program

Are you over 18? <input type="checkbox"/> Volunteer	Are you under 18? <input type="checkbox"/> Volunteer	Please note we are not able to accept requests for court-ordered community service hours.
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Personal

Last Name	First	Middle	Other (Maiden) Names Used	
Present Address	City	State		Zip
Home Phone	Work Phone		Cell Phone	
Email Address		Date of Birth		Social Security Number (last 4)

In Case of Emergency contact:

Name	Phone	Relationship
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Employment History for the past 7 years

Employer (Present or Most Recent)	Street	City	State	Zip
Supervisor (Name and Title)		Phone		
Job Title/Description of Duties		Employment Dates (Mo/Yr)		
If presently employed, may we contact this employer for reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Next Previous Employer	Street	City	State	Zip
Supervisor (Name and Title)		Phone		
Job Title/Description of Duties		Employment Dates (Mo/Yr)		

Personal Reference – Please use only Adults as references

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

I certify that the information I have provided is true and complete for all practical purposes. It may be verified by the hospital, any affiliate, or Pre-Check Associates. Should Twin Cities Hospital find that the information is untrue, incomplete or misrepresented; I understand and agree that the hospital or its affiliates are relieved of all commitments, financial or otherwise pertinent to providing a clinical experience, and that I am subject to immediate discharge from the Twin Cities Hospital Auxiliary without recourse.

Applicant Signature

Date

VOLUNTEENS ONLY

Parent/Guardian

Last Name	First	Middle	Other (Maiden) Names Used	
Present Address	City	State		Zip
Home Phone	Work Phone		Cell Phone	
Name and Address of present School	Grade Level	Grade Point Average	Special interests, community groups or hobbies:	

Parent/Guardian's Signature (if under 18)

Date

When are you available to perform Volunteer/Volunteer duties?

Days Available:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available:							

What is your intended time commitment?

<input type="checkbox"/> Summer only	<input type="checkbox"/> Short Term - Less than 1 Year	<input type="checkbox"/> Long term
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What is your desired activity level?

<input type="checkbox"/> Very Active (Capable of walking distances and pushing wheelchairs?)	<input type="checkbox"/> Moderately Active (Some walking)	<input type="checkbox"/> Limited Activity (Requires mostly sitting)
Do you have any physical limitations that would affect your assignments? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, briefly describe:		

Have you served as a hospital volunteer in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where, in what capacity, and length of service:
Previous work experience as a volunteer in any capacity:
Special talents, skills, and hobbies:
List membership in other civic/service organizations:
Would you be willing to serve as Chairman of a special service or committee? <input type="checkbox"/> YES <input type="checkbox"/> NO
In what area of the hospital would you most enjoy working?

Sample Opportunities Available:

- **Information Desk** – greeting, assisting and escorting visitors and patients.
- **Gift Shop** – greeting customers and assisting with purchases and answering telephones.
- **Emergency Room** – assisting patients, visitors and staff; and answering telephones as needed.
- **H2U Wellness Center** – greeting and assisting visitors, visiting patients to distribute H2U literature, assisting with set-up of events and answering telephones.
- **Food & Nutrition Service** – visiting patients to assist in meal selection, delivering food items to patients and various lite kitchen duties; and answering telephones as needed.
- **Outpatient Surgery Front Desk** – greeting and escorting visitors and patients; and answering telephones. Early Shifts usually start at 6:00am or 9:00am.
- **Physical Therapy** – greeting visitors and patients, answering telephone and using office equipment.
- **Sunshine Team - MST Assistant** – visiting patients, assisting with meal preparation and answering telephones.

For Office Use Only

Date Application Received: _____

Approved for Orientation: _____

Hospital Orientation Date: _____

Auxiliary Orientation Date: _____

Volunteer Position: _____