



STEVENS COMMUNITY MEDICAL CENTER

400 East First Street PO Box 660 Morris, Minnesota 56267-0660 Phone (320) 589-1313 Fax (320) 589-3533

Volunteer Application Form

Today's Date: _____

Full Name (first, middle, last) _____ Birthday: _____ (yr. optional)

Previous Names (both first and last): _____

Mailing Address: _____

Permanent Address: Check if same as Mailing _____

Phone Number: _____ Email: _____

How do you prefer to be contacted: Email Phone Mail

Emergency Contact: _____ Relationship: _____ Phone: _____

Volunteer Experience

Have you volunteered at SCMC in the past? If so, in which departments? _____

What were your tasks/responsibilities? _____

Why are you interested in volunteering at SCMC? _____

Volunteer Availability

We schedule volunteers according to department need and volunteer availability. Please check all of the times you are available to volunteer:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Morning Afternoon Evening

Volunteer Interests

Please check all that apply:

- | | | |
|-----------------------------------------|--------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Ambassadors (Auxiliary) | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Patient Activities Cart | <input type="checkbox"/> Job Shadowing |
| <input type="checkbox"/> Patient Escort | <input type="checkbox"/> Courage Cottage | <input type="checkbox"/> Clerical Work |

Other Interests: _____

Volunteer Health Record: Please fill out the attached form for infectious disease and immunization tracking.

Please return this form to:

Stevens Community Medical Center
 Attn: Summer Anderson
 Comm. Outreach Coordinator
 400 E. First Street
 Morris, MN 56267

Phone: 320-208-7803
 Fax to: 320-589-7686
 Email: sanderson@scmcinc.org
Email is not generally considered to be secure