



CHIPPEWA COUNTY-MONTEVIDEO HOSPITAL

824 NORTH 11TH STREET

MONTEVIDEO, MN 56265-1663

(320) 269-8877 PHONE (320) 269-8186 FAX

www.montevideomedical.com

Application for Volunteer Services

VOLUNTEER INFORMATION	Name: _____ Address: _____ Home Phone: _____ Work/Cell Phone: _____ Email Address: _____ Birthday (Month/Date/Year): _____ Emergency Contact Person: _____ Emergency Contact Phone: _____																																
PRIOR EXPERIENCE	Any prior volunteer experiences: _____ Previous or current employment: _____																																
EDUCATION/TRAINING	Please list education/ training/degrees or licenses that may be helpful in volunteering:																																
INTEREST IN VOLUNTEERING	What made you decide to inquire about volunteering at CCMH?																																
TIMES AVAILABLE	Please indicate the times you would be available to volunteer: <table border="0" style="width: 100%;"> <tr> <td>Time</td> <td>Mon</td> <td>Tues</td> <td>Wed</td> <td>Thurs</td> <td>Fri</td> <td>Sat</td> <td>Sun</td> </tr> <tr> <td>Morning</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Afternoon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Evening</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Morning								Afternoon								Evening							
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AREA(S) OF PREFERENCE FOR VOLUNTEERING	Chippewa County-Montevideo Hospital: <input type="checkbox"/> Transporter <input type="checkbox"/> Information Desk <input type="checkbox"/> Gift Shop <input type="checkbox"/> Radiology/ Cardiology Desk <input type="checkbox"/> Clinic Waiting Room Desk <input type="checkbox"/> Inpatient Unit Other: _____																																

CCMH AUXILIARY	<p>The CCMH Auxiliary is an organization that will be raising money through the CCMH Gift Shop to help with various programs that benefit the hospital, the patients and their families, and the employees.</p> <p>Membership in the Auxiliary is NOT required to volunteer at CCMH. We do, however, appreciate every Auxiliary membership. If you are interested in joining the Auxiliary, the annual fee for membership is \$12 per year. Please indicate if you are interested.</p> <p style="text-align: center;">___ Yes ___ No</p>
PLEASE READ AND SIGN AS INDICATED	<p>I am willing to accept the responsibilities of Volunteer Service and accept the required training to become a volunteer. I understand that I am required to have a Mantoux (TB) Test in order to volunteer (and that it's required annually). I also will complete a Criminal Background Check.</p> <p>I will keep confidential ALL information which I may hear or observe, directly and indirectly, concerning a patient, resident, doctor and any member of staff. Any breach of confidentiality is grounds for dismissal from CCMH Volunteer Services.</p> <p>Volunteer Signature: _____ Date: _____</p>
PARENTAL CONSENT (FOR VOLUNTEERS UNDER 18 YEARS OF AGE)	<p>I have read the application form, and agree that my son/daughter may serve in the capacity of a volunteer at Chippewa County-Montevideo Hospital.</p> <p>Parental Signature: _____ Date: _____</p>

Please return the completed application to:

Volunteer Coordinator
824 North 11th Street
Montevideo, MN 56265
Phone (320) 321-8416
Fax (320) 269-8186

barbs@montevideomedical.com

Thank you for your interest in volunteering!