

St. Mary's Health Clinics Volunteer Application

1884 Randolph Avenue St. Paul, MN 55105

Personal Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____

Phone (W) _____

Phone (Other) _____

E-mail _____

Referred by _____

Your Birthdate _____ month _____ day

Interests / Skills:

Language(s) other than English (indicate proficiency) _____

Work experience _____

Previous volunteer experience: _____

Education: _____

Additional Information:

Person to contact in case of illness while on duty:

Name: _____ Relationship: _____ Phone: _____

Any physical limitations we need to accommodate? _____

Have you ever been convicted of a felony? Yes or No

M.D. / C.N.P / R.N. only

License / Certification Type (please circle) MD / CNP / RN / Other

Number _____ Exp. Date ____/____ *Please attach copy of current license*

DEA # _____

Have you had Hepatitis B Vaccination Yes / No

References: (Professional for MD and Nurses - Personal for all other volunteers)

Name: _____ Address: _____

Phone: _____ Affiliation: _____

Name: _____ Address: _____

Phone: _____ Affiliation: _____

Thank you for your interest in volunteering for Saint Mary's Health Clinics. We will review your application and contact you as soon as possible.

Signature _____ Date: _____

Preferred Volunteer Position:

- Physician Nurse Admitting
 Interpreter Driver NP

Preferred Clinic Site:

- Mt. Olivet, Apple Valley (Monday)
 Shakopee (Monday)
 St. Matthew's, St. Paul (Tuesday)
 Park Avenue, Minneapolis (Tuesday)
 Midway, St. Paul (Tuesday)
 Emmanuel, Spring Lake Park (Tuesday)
 Eastside, St. Paul (Tuesday)
 St. Matthew's, St. Paul (Wednesday)
 Mt. Olivet, Apple Valley (Wednesday AM)
 Mt. Olivet, Apple Valley (Wednesday PM)
 Shakopee (Thursday)
 Eastside, St. Paul (Thursday)
 Park Avenue, Minneapolis (Thursday)
 Maplewood (Thursday)

Most Clinic sessions are afternoons until 6 PM