

St. Mary's Health Clinics Volunteer Application

1884 Randolph Avenue St. Paul, MN 55105

Personal Information:

Name _____

- Shakopee (Tuesday 9:00 – 12:00)
 Shakopee (Wednesday 1:00 – 5:00)

Address _____

- Park Avenue, Mpls. (Tuesday 1:00 – 5:00)
 Park Avenue, Mpls. (Thursday 1:00 – 5:00)

City _____ State ____ Zip _____

- St. Williams, Fridley (Tuesday 1:00 – 5:00)

Phone (H) _____

- St. Matt's St. Paul (Wed.9:00 – 12:00)
 St. Matt's St. Paul (Wed.1:00 – 5:00)

Phone (W) _____

Phone (Cell) _____

- Apple Valley (Wed.1:00 – 5:00)

E-mail _____

- Outreach - Consulate

Referred by _____

- Virtual Clinic – Carondelet Center, St. Paul

Your Birthdate ____ month ____ day ____ year

Preferred Volunteer Position:

Physician NP Nurse Interpreter Admitting Driver

Interests / Skills:

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

Work experience _____

Previous volunteer experience: _____

Education: _____

Have you had COVID-19 Vaccination Yes/No Date completed: _____

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: _____

