

# 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 (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Referred by \_\_\_\_\_

Your Birthdate \_\_\_\_ month \_\_\_\_ day \_\_\_\_ Year

## Preferred Clinic Site:

Shakopee \* (Monday, 1-5:30PM)

Shakopee \* (Wednesday 1:45-5:30PM)

Shakopee, \* (Thursday 1:45-5:30PM)

Park Avenue \*, Mpls. (Tuesday 1:45-5:30PM)

Park Avenue \*, Mpls. (Thursday 1:45-5:30PM)

St. Williams\*, Fridley (Tuesday 1:45-5:30PM)

Eastside\*, St. Paul (Tues. 1:45-5:30PM)

St. Matt'/Olivet\*, St. Paul\*(Mon.12:30-5:30PM)

St. Matthew's/Olivet\*, St. Paul\*(Wed.9AM- 12PM)

St. Matthew's\*, St. Paul (Wed.1-5:30pm)

*\*Indicates Spanish clinic session*

*PM clinic sessions are afternoons until 6 PM*

## Preferred Volunteer Position:

Physician  NP  Nurse  Interpreter  Driver  Admitting  Office Assistance

## 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: \_\_\_\_\_