



For office use:  
 Date \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Interview \_\_\_\_\_  
 Orientation \_\_\_\_\_  
 Badge # \_\_\_\_\_

**Volunteer Services**  
 915 E. 1<sup>st</sup> Street  
 Duluth, MN 55805  
 218/249-5344

**Application for Volunteer Service**

St. Luke's welcomes your application for volunteer service. To apply, please complete and sign the application and release forms. (NOTE: Two personal references, who are not relatives, are required). In order to have effective volunteers, we request a commitment of one year.

New volunteers are required to have tuberculosis screenings when starting their volunteer commitment. Volunteers are required to show documentations of a tuberculosis screening during the last year. Please attach documentation to this application. We will provide this Tuberculin Skin Test (**TST**) free of charge, if necessary. A Minnesota Background Study will be completed for volunteers who fit the criteria.



PLEASE PRINT OR TYPE

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number Required for TST Documentation: \_\_\_\_\_

Current Occupation \_\_\_\_\_

Emergency Information:

Name of Person to Notify \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Have you ever been convicted of a felony? No \_\_\_\_ If Yes, Explain: \_\_\_\_\_



Prior Experience : (1) Volunteer \_\_\_\_\_

(2) Other \_\_\_\_\_

Education \_\_\_\_\_ Years Completed \_\_\_\_\_

Hobbies/Leisure activities \_\_\_\_\_

Please check any of the following that you prefer:		
Skills	Special Interests	Availability
<input type="checkbox"/> Helping Visitors	<input type="checkbox"/> Adults	Please check the boxes for the days and times you are available most often to volunteer.
<input type="checkbox"/> Helping Patients	<input type="checkbox"/> Children	
<input type="checkbox"/> Mailings/Special Projects	<input type="checkbox"/> Visitors/Families	
<input type="checkbox"/> Typing/Filing	<input type="checkbox"/> Patients	M T W T F S
<input type="checkbox"/> Errands/Delivery	<input type="checkbox"/> Other Volunteers	
<input type="checkbox"/> Answering Phones	<input type="checkbox"/> Delivery	Morn.
<input type="checkbox"/> Sewing/Crafts	<input type="checkbox"/> Clerical	After.
<input type="checkbox"/> Computer	<input type="checkbox"/> Research	Eve.

Please list any positions you are interested in \_\_\_\_\_

How did you hear about us?  friend/relative  current volunteer  advertisement

mailing  church or organization  employee  other

Please give two personal references who are not relatives:

1. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

2. \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip code

As a volunteer at St. Luke's, I agree to support St. Luke's Volunteer Services: to enhance the quality of patient care at St. Luke's and to promote awareness of St. Luke's as a valuable community resource through the contributions of the volunteers. I agree to abide by St. Luke's policies and procedures, ensuring the high quality of service volunteers provide as part of the St. Luke's healthcare team.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Any false information submitted on this application form will dismiss you as a volunteer.

*Volunteer Services  
Personal References Release*



**Please sign the following release allowing St. Luke's to check personal references.**

I give my personal references permission to furnish St. Luke's Volunteer Services with facts and opinions about my job performance, capabilities and desirabilities as a volunteer. I further release these persons from any damage because of furnishing said information.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_