



Volunteer Services  
915 E. 1<sup>st</sup> Street – 3<sup>rd</sup> Floor  
Duluth, MN 55805  
218-249-5344/218-249-5343

## Volunteer Application

For Office Use:

Date Received: \_\_\_\_\_

Contact: \_\_\_\_\_

Interview \_\_\_\_\_

Background Check # \_\_\_\_\_

Tuberculosis Screening \_\_\_\_\_

Flu Shot \_\_\_\_\_

Orientation/Handbook Review \_\_\_\_\_

Confidentiality Form \_\_\_\_\_

Position Description \_\_\_\_\_

Please complete, sign and return this application to the above address or to Elizabeth.Abrahamson@aspirus.org

Include a copy of your Driver's License or State ID.

Volunteers are required to have a Minnesota Background Study and tuberculosis screening provided by Aspirus St. Luke's before starting their volunteer commitment. Documentation of annual flu shot is required and provided by Aspirus St. Luke's.

### PERSONAL INFORMATION

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current School (College Students): \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## EXPERIENCE

Have you ever been employed by St. Luke's? Yes: \_\_\_\_ No: \_\_\_\_ What Department: \_\_\_\_\_

Are You Required to Volunteer? Yes\_\_\_\_\_ No\_\_\_\_\_ Requirement Details: \_\_\_\_\_

Activities you participate in: \_\_\_\_\_

Groups or organizations you are involved with: \_\_\_\_\_

Experience, skills, talents you would like to share: \_\_\_\_\_

\_\_\_\_\_

Why have you decided to apply to volunteer?

\_\_\_\_\_

\_\_\_\_\_

What do you hope to achieve by volunteering?

\_\_\_\_\_

\_\_\_\_\_

### Prior Experience:

#### (1) Volunteer

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

#### (2) Employment or Other

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

### Availability: please circle any/all available time slot(s)

(you will likely be assigned to volunteer one morning or one afternoon per week)

Mornings:      Monday      Tuesday      Wednesday      Thursday      Friday

Afternoons:      Monday      Tuesday      Wednesday      Thursday      Friday

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## Volunteer Areas

There Are Many Volunteer Positions In Each General Area

**Please check the areas listed in which you are most interested** (additional areas/positions may also be available)

\_\_\_\_ **Providing Services to Patients and/or Visitors**

**Examples:**

**Day Surgery Waiting Area-** document patient arrival, assemble patient charts, escort patients and visitors, answer phones, respond to patient and visitor questions

**Information Desk-** direct and escort patients and visitors to locations as requested

**Emergency Department-** provide assistance to staff, patient rooms, organize supply area, other duties as needed

**ICU Waiting Area** – provide information and assistance to family members and friends of patients

**Breast Center-** greet and provide information to patients and staff as patients arrive, make appointment reminder calls to patients

\_\_\_\_ **Assisting Staff**

**Examples:**

**Medical Clinics, Clerical/Copy Center/Storeroom** - coping, folding, stuffing envelopes, labeling, sorting, filing, deliveries, scanning, chart review, data entry

**Pharmacy** – sort and label prescription medication and assist staff as needed

**Pathology Lab** – file slides and assist staff as needed

**Messenger** – sort, deliver and pick up hospital and clinic mail on campus

**Special Projects** – complete projects as requested by St. Luke’s departments with a group or individually

\_\_\_\_ **Marketplace Floor Clerk and Cashier**

**Example:**

**Marketplace Floor Clerk & Cashier-** assist customers with purchases, restock shelves keep merchandise areas and “take and go” food and drink areas clean and orderly, price merchandise as directed, wrap and bag merchandise, ring up sales including cash, check, payroll deductions and credit card machine

**REFERENCES-DO NOT LIST RELATIVES**

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

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

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

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

I agree to abide by Aspirus St. Luke's policies and procedures, ensuring the high quality of service volunteers provide as part of the Aspirus St. Luke's healthcare team. I further authorize my references listed permission to furnish Aspirus St. Luke’s Volunteer Office with facts and opinions regarding my ability to be an effective volunteer and contribute to Aspirus Health’s mission to heal people, promote health and strengthen communities. I verify the information on this application is true.

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