Office use only
Received:_____
Contacted:_____
Department:_____
Orientation:_____

Essentia Health

Volunteer Application

Date: _____

Last Name: _____First:_____Middle:_____
Address: _____
City: _____State: _____Zip:_____
Cell:_____Phone (Home):_____
E-mail Address:_____
Birth Date:_____

Emergency Contact and phone:_____

Current/Previous Employment or School:_____
_____

Identify your talents/skills and training that you think could be applied at Essentia Health:
_____
_____
_____
_____

What type(s) of volunteer work have you previously done?
_____
_____
_____

Why would you like to join Essentia Health as a Volunteer?
_____
_____
_____

How did you hear about us?
_____
_____

Have you ever been convicted of a criminal offense?_____Yes ___No
Have you ever been charged with neglect, abuse or assault?_____Yes ___No
Do you use illegal drugs?___Yes ___No
Have you ever been exposed to Tuberculosis (TB) or had a positive skin test to TB?_____

****Please note: A minimum 3-month commitment is required****

Essentia Health

Volunteer Application Continued

Applicant Name:_____

Check the area(s) in which you are most interested:

_____ Stroke Peer Program
_____ Main floor Hospitality Desk `
_____ Escorting Patients
_____ Emergency Department
_____ Therapy Services
_____ Critical Care hospitality Desk
_____ Office Support
_____ Floor Float
_____ Birthing Center hospitality Desk
_____ Gift Shop
_____ OR Waiting Area
_____ Cancer Center
_____ Reading Cart
_____ Special Projects – as needed
_____Wig Room

When are you most likely to be available for volunteer work? (Check ALL that apply.)
Weekdays: ____Mornings ____Afternoons ____Evenings
Weekends: ____Mornings ____Afternoons ____Evenings
Summer_____ Fall_____ Winter _____Spring _____

- I understand that I will need to complete an orientation, background check and Tuberculosis screening before I am able to begin my volunteer work.
- I understand that I must at all times respect the confidentiality of the patients, their families and any other information I learn as a part of my volunteer work - and that failure to do so will result in my termination as a volunteer.

_____
Applicant Signature Date

_____
Parent / Guardian Signature Date

If you are under the age of 18 you must have a parent or guardian's signature to volunteer at Essentia Health.

Please return your application to:
Kerri Anderson
Essentia Health Volunteer Services
3000 32nd Avenue South
Fargo, ND 58103
Questions? Please contact Kerri Anderson

kerri.anderson@essentiahealth.org