



# Essentia Health

## Volunteer Application

Office use only

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

Contacted: \_\_\_\_\_

Department: \_\_\_\_\_

Orientation: \_\_\_\_\_

**Approved or Rejected**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact and phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

\_\_\_\_ CONCIERGE

\_\_\_\_ OFFICE WORK

\_\_\_\_ GIFT SHOP

\_\_\_\_ PET THERAPY

\_\_\_\_ RUNNING ERRANDS

\_\_\_\_ PATIENT REP

\_\_\_\_ CLINIC

\_\_\_\_ ESCORT

\_\_\_\_ ENDO

\_\_\_\_ RADIATION THERAPY

\_\_\_\_ CANCER CENTER

\_\_\_\_ TOTAL JOINT

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What education, training or work experience do you have that may be relevant to volunteer at Essentia Health?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

When are you most likely to be available for volunteer work? (Check ALL that apply.)

Weekdays: \_\_\_\_ Mornings \_\_\_\_ Afternoons \_\_\_\_ Evenings

Weekends: \_\_\_\_ Mornings \_\_\_\_ Afternoons \_\_\_\_ Evenings

\_\_\_\_ Holidays \_\_\_\_ Summer Months \_\_\_\_ Fall, Winter and Spring Months

**\*\*Please note: A minimum 3-month commitment is appreciated\*\***

**(OVER)**



# Essentia Health

## Volunteer Application Continued

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

List two (2) references that have known you for at least three (3) years and know your skills. (Do not list family members.)

Name: _____	
Address: _____	City: _____
State: _____ Zip: _____	E-mail: _____
Phone (Home): _____	Cell: _____

Name: _____	
Address: _____	City: _____
State: _____ Zip: _____	E-mail: _____
Phone (Home): _____	Cell: _____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I am at least 18 years of age.
- I understand that I will need to complete an orientation before beginning my volunteer work.
- I understand that Essentia Health has a strict no-smoking policy on the campus.
- 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.

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Applicant Signature Date

Please return your application to:  
 Essentia Health Volunteer Services 523 North Third Street Brainerd, MN 56401  
 Questions? Please contact Deb Anderson @ 218-828-7610 or [deb.anderson@essentiahealth.org](mailto:deb.anderson@essentiahealth.org)