



## Volunteer Application

Thank you for your interest in volunteering with St. Alexius Medical Center. Please complete the following application which will be used to match your interests and skills with the current needs of the agency. Please return the completed application to Volunteer Services, St. Alexius Medical Center, 900 E. Broadway, Bismarck, ND 58506, or fax to 701-530-7161..

Name _____	Today's Date _____
Address _____	Phone (Day) _____
_____	Phone (Eve) _____
Email _____	Phone (Cell) _____
Employer _____	Occupation _____
Social Security # _____	Birthdate (year optional) _____

**A copy of valid government-issued photo identification must be attached to complete this application.**

**Please list the volunteer position(s) of interest to you:** \_\_\_\_\_

**When are you available to volunteer?**

*Volunteer typically serve two to four-hour shifts, scheduled according to the department's need and the volunteer's availability. Volunteers are asked to commit at least 50 hours of service in a six-month period.*

Times	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Shifts	
<b>Morning</b>								Weekly	
<b>Afternoon</b>								2x/month	
<b>Evening</b>								1x/month	
<i>Are you available to substitute on short notice?</i>						<b>Yes</b>		<b>No</b>	
<i>Are you available to volunteer on holidays?</i>						<b>Yes</b>		<b>No</b>	

**Please list any related paid or unpaid experience:** \_\_\_\_\_

\_\_\_\_\_

**What are you good at and willing to share with others?** \_\_\_\_\_

\_\_\_\_\_

**What do you hope to gain from your experience as a St. Alexius volunteer?** \_\_\_\_\_

\_\_\_\_\_

**What would you never want to be asked to do as a volunteer?** \_\_\_\_\_

\_\_\_\_\_

Do you speak any foreign languages? \_\_\_\_\_

Where did you first learn about volunteer opportunities here? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (Day) \_\_\_\_\_ Phone # (Evening) \_\_\_\_\_

**Please list three people, not related to you, who can serve as references.**

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**Conviction Record** Please read this section carefully before answering.

1. Are you currently named as defendant in a criminal proceeding for mistreatment, neglect, or abuse of any person or a misappropriation of property? \_\_\_\_\_

2. Have you ever been convicted of any other felony or misdemeanor? \_\_\_\_\_ *If yes, please explain.*

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

A criminal conviction record does not by itself constitute an absolute bar to volunteering. The nature of the conviction will be examined on a case-by-case basis, including subsequent rehabilitation, and will be considered in relation to the responsibilities of the position sought in making each employment decision.

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*As a condition of volunteering, I give permission for St. Alexius Medical Center to conduct a background check on me, which may include a review of the sex offenders' registries, references, and criminal history records. I understand that my appointment is conditional upon the information provided. I hereby release and hold harmless from liability St. Alexius Medical Center, its officers, employees, and volunteers, as well as any person or organization that may provide information to St. Alexius Medical Center.*

*I also understand that this is an application for a volunteer position only. St. Alexius Medical Center is not obligated to provide placement, nor is the applicant obligated to accept the position offered.*

*The information that I have provided may be verified by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting the background checks described above. By signing this application, I verify I have read the information disclosed and certify that it is true and correct.*

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Parent/Guardian signature if applicant is under 18 years of age.*

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