

Application for Volunteer Services

VOLUNTEER INFORMATION	Name:																																							
	Address:																																							
	Home Phone:				Work Phone:																																			
	Email Address:				Birthday (Month and Date only):																																			
	Emergency Contact Person:				Emergency Contact Phone:																																			
PRIOR EXPERIENCE	Any prior volunteer experiences:																																							
	Previous or current employment:																																							
EDUCATION/TRAINING	Please list education/ training/degrees or licenses that may be helpful in volunteering:																																							
INTEREST IN VOLUNTEERING	What made you decide to inquire about volunteering at Rice?																																							
TIMES AVAILABLE	Please indicate the times you would be available to volunteer:																																							
	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Time</th> <th style="padding: 5px;">Mon</th> <th style="padding: 5px;">Tues</th> <th style="padding: 5px;">Wed</th> <th style="padding: 5px;">Thurs</th> <th style="padding: 5px;">Fri</th> <th style="padding: 5px;">Sat</th> <th style="padding: 5px;">Sun</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Morning</td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> <tr> <td style="padding: 5px;">Afternoon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Evening</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Morning								Afternoon								Evening							
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AREA(S) OF PREFERENCE FOR VOLUNTEERING	Rice Memorial Hospital: <input type="checkbox"/> Admissions Escort <input type="checkbox"/> Information Desk <input type="checkbox"/> Gift Shop <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Surgical Lounge <input type="checkbox"/> Adult Health Care Information Desk <input type="checkbox"/> Radiation Oncology <input type="checkbox"/> HICP (Health Insurance Counseling) <input type="checkbox"/> Clerical Support <input type="checkbox"/> Other: _____				Rice Care Center: <input type="checkbox"/> Assist with Activities <input type="checkbox"/> Visit with Residents <input type="checkbox"/> Special Projects <input type="checkbox"/> Clerical Support <input type="checkbox"/> Personal Shopper <input type="checkbox"/> Write Letters <input type="checkbox"/> Other: _____																																			

RICE AUXILIARY	<p>The Rice Auxiliary is the organized structure which directs and guides volunteerism at Rice, and often serves in a public relations capacity within the communities we serve. The Auxiliary also works to direct monies, raised through Rice Gift Shop sales, to various programs that benefit the hospital, the patients and their families, and the employees. Membership in the Auxiliary is NOT required to volunteer at Rice, and all of our volunteers are greatly valued! We do, however, appreciate every Auxiliary membership. If you are interested in joining the Auxiliary, the annual fee for membership is \$6 per year. Please indicate if you are interested in joining :</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time </p> <p style="text-align: center;">All Rice volunteers are important, making a real difference in the lives of many!</p>
PLEASE READ AND SIGN AS INDICATED	<p>I am willing to accept the responsibilities of Volunteer Service and accept the required training to become a volunteer. I understand that I am required to have a Mantoux Test in order to volunteer (and may be required annually depending upon the area of service at Rice). I also will complete a Criminal Background Check.</p> <p>I will keep confidential ALL information which I may hear or observe, directly and indirectly, concerning a patient, resident, doctor and any member of staff. Any breach of confidentiality is grounds for dismissal from Rice Volunteer Services.</p> <p>Volunteer Signature: _____ Date: _____</p>
PARENTAL CONSENT (FOR VOLUNTEERS UNDER 18 YEARS OF AGE)	<p>I have read the application form, and agree that my son/daughter may serve in the capacity of a volunteer at Rice Memorial Hospital or Rice Care Center.</p> <p>Parental Signature: _____ Date: _____</p>

Please return the completed application to:

Joyce Elkjer
 Director of Volunteer Services and Service Excellence
 301 Becker Avenue S.W.
 Willmar, MN 56201

(320) 231-4229
ielk@rice.willmar.mn.us

Thank you for your interest in volunteering!