

## Volunteer Application

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

School &amp; Grade (if applicable) \_\_\_\_\_

**Volunteer Job(s) you would prefer:**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Hospitality           | <input type="checkbox"/> Surgery Family Waiting |
| <input type="checkbox"/> Comfort Cart     | <input type="checkbox"/> Gift Shop Clerk | <input type="checkbox"/> Magazine Distribution | <input type="checkbox"/> Riverwood Village      |
| <input type="checkbox"/> Crafter's Club   | <input type="checkbox"/> Greeter         | <input type="checkbox"/> New Mom Baskets       | Assistant                                       |
| <input type="checkbox"/> Flower Arranging | <input type="checkbox"/> Harbor Room     | <input type="checkbox"/> Short Stay Support    |   |

Previous Volunteer Experience \_\_\_\_\_

---



---

Do you have a disability that may limit your volunteer experience? No Yes

Time you prefer to volunteer: Morning Afternoon Evening Weekends

Most of our volunteers work one shift every week, but we can be flexible with your specific needs.

Why would you like to be a volunteer? \_\_\_\_\_

---



---

*(Due to public safety concerns we are not able to provide opportunities for court ordered volunteer work.)*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

If accepted into the Volunteer Program, volunteers are required to provide documentation on immunizations and they are to receive a Mantoux test for tuberculosis screening.

Parent/Guardian Signature (for children under age 18) \_\_\_\_\_

*By signing this application, you agree to allow your minor child to receive the Mantoux test and any required immunizations.***Thank you for applying to be a Cambridge Medical Center volunteer!**

Mail to: Cambridge Medical Center, Volunteer Services, 701 South Dellwood, Cambridge, MN 55008  
 Or fax to: 763-688-7969 or you may drop off your form in person at the Information Desk at either the hospital or clinic entrance.

**Cambridge Medical Center Volunteer Services 763-688-8803****cambridgemedicalcenter.com**

10-7294 ©2010 ALLINA HEALTH SYSTEM ® A REGISTERED TRADEMARK OF ALLINA HEALTH SYSTEM



**CAMBRIDGE  
 MEDICAL  
 CENTER**

Allina Hospitals &amp; Clinics