



# **REGINA AUXILIARY**

Thank you for your interest in joining the Regina Auxiliary. Volunteering is a good way to make new friends and experience the personal gratification of having served your community.

Here are the steps to sharing your talents, time and energy with us:

- Return your completed application form and membership dues to:  
Kathy Horsch, Membership Chairperson  
1760 Carleton PL, Hastings, MN 55033  
Phone: (651) 437-4541  
Email: kmhorsch@yahoo.com
- An Auxiliary member will contact you to share information about the Auxiliary. All members pay annual membership dues.
- Health History – Regina Hospital is required to verify that all prospective volunteers have immunity to measles, mumps, rubella, chicken pox, and tuberculosis. If you are not sure about some of your vaccinations, a blood test may be required to verify immunizations at no cost to you. Additionally, if any vaccines are needed, they may also be offered to you at no cost.
- Background Check – Regina is required to perform a background check on all employees and volunteers.
- Upon completion of application process, we will provide new volunteers with a brief orientation of the organization to learn what you need to know about Regina before you get started.

We look forward to your involvement at Regina Hospital and Regina Senior Living as an Auxiliary member. Please feel free to contact me or Kathy Horsch, if you have any questions.

Sincerely,

Charlene Kasel  
Phone: (651) 437-4828  
Email: [jckasel@comcast.net](mailto:jckasel@comcast.net)



# REGINA HOSPITAL

## ADULT VOLUNTEER ENROLLMENT FORM

Thank you for your interest in Regina Hospital’s Adult Volunteer Program. Volunteering is a good way to make new friends and experience the personal gratification of having served your community.

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

**WORK STATUS** \_\_\_\_ Employed \_\_\_\_ Retired \_\_\_\_ Unemployed  
Current or last place of employment \_\_\_\_\_

**INTERESTS, SKILLS, TALENTS** (e.g. education, computer, music)  
\_\_\_\_\_

Are you performing this volunteer service because it is required? YES NO (circle one)  
If YES: 1) Reason hours are needed \_\_\_\_\_  
2) Number of hours required \_\_\_\_\_ 3) Completion deadline \_\_\_\_\_

**VOLUNTEER EXPERIENCE**  
Please list any volunteer experiences that you have. Include where, and how long you did it.  
\_\_\_\_\_  
\_\_\_\_\_

**AREA(S) OF INTEREST**  
Please indicate general area(s) that may interest you, keeping in mind that your choices may change as you discover more about us. Ask about other needs that may not appear on the list below.

- |   |   |
|---|---|
| <input type="checkbox"/> Patient experience cart in Medical Surgical unit | <input type="checkbox"/> Fund raising events (bazaar, garage sale, etc.)  |
| <input type="checkbox"/> Contribute to non-nursing aspect of patient care | <input type="checkbox"/> Coffee socials                                   |
| <input type="checkbox"/> Escort Services within Hospital Surgery Center   | <input type="checkbox"/> Resident Birthday Parties                        |
| <input type="checkbox"/> Greet the public and give directions             | <input type="checkbox"/> Special events (e.g., serving ice cream socials) |
| <input type="checkbox"/> Office/clerical projects (no weekends)           | <input type="checkbox"/> Bloodmobile                                      |
| <input type="checkbox"/> Garden or Labyrinth helper and butterfly friend  | <input type="checkbox"/> Crafts / Quilting                                |
| <input type="checkbox"/> Where the need is greatest                       | <input type="checkbox"/> Other _____                                      |
| <input type="checkbox"/> Eucharist ministries                             | <input type="checkbox"/> Resident activities (refer to Senior Living)     |
| <input type="checkbox"/> Gift shop or Country Store                       |   |

**AVAILABILITY:**

How often would you like to volunteer? 1x week 2x month once a month Other \_\_\_\_\_

How long would you like your shift to last? 1 – 2 hrs 3 – 4 hours other: \_\_\_\_\_

Would you prefer a regular or flexible shift? \_\_\_\_\_ please explain: \_\_\_\_\_

What day(s) would you prefer? Sun Mon Tues Wed Thurs Fri Sat

What time of day would work best for you: \_\_\_\_\_

Do you relocate seasonally? YES NO If yes... Leave: \_\_\_\_\_ Return: \_\_\_\_\_

**ADULT VOLUNTEER REFERENCES**

Please list two references – print clearly. Do not use physicians or relatives.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

**HEALTH INFORMATION**

Regina Hospital is required to verify that all prospective volunteers have immunity to measles, mumps, rubella, chicken pox, and tuberculosis. You will be given a referral to speak with a nurse when you have your interview with the Regina Hospital Director of Volunteer Services. 651-241-5481.

**IN AN EMERGENCY PLEASE NOTIFY**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**SIGNATURE**

My signature below certifies that all statements made on this enrollment form are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of information can disqualify me from consideration or result in dismissal upon discovery.

Furthermore, my signature below provides my authorization to Regina Hospital check my references listed above to determine my suitability for placement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed application to: Regina Volunteer Services  
Attn: Maria Reis  
1175 Nininger Rd.  
Hastings, MN 55033

Questions: Call Volunteer Services at:  
651-404-1104



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MINNESOTA DEPARTMENT OF HEALTH LICENSED FACILITIES  
SUPPLEMENTAL NURSING SERVICES AGENCIES, EDUCATIONAL PROGRAMS, TEMPORARY  
EMPLOYMENT AGENCIES, PROFESSIONAL SERVICES AGENCIES

BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, section 144.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes, board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of a supplemental nursing services agency; and all other employees in nursing homes. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with (and, where applicable, access to) persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.

4. Known consequences that will arise from refusing to supply the requested information: Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact with (and, where applicable, access to) persons receiving services.

5. Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

6a. If CURRENT background study results in a disqualification that is set aside upon reconsideration: If you are disqualified as a result your background study, and you request reconsideration and your disqualification is set aside for the program/agency that initiated the current background study, subsequent background studies initiated by other programs/agencies may result in the disqualification being set aside for other programs/agencies when the following criteria are met:

1. While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2;
2. the program that initiates the subsequent background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside;
3. the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and
4. the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiates the subsequent background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§245C.22, subd. 5)

6b. If a PREVIOUS background study resulted in disqualification that was set aside: If you were the subject of a previous background study which resulted in your disqualification, and your disqualification was set aside upon reconsideration, DHS will review the information in your record in connection with your current background study and determine whether the following criteria are met:

1. While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2;
2. the program that initiated the current background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside;
3. the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and
4. the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiated the current background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§245C.22, subd. 5)