

Volunteer Application

Name _____		Date of Birth _____	
Street Address _____			
City _____		State _____	Zip Code _____
Home Phone _____		Email Address _____	
School & Grade (if applicable) _____			

Volunteer Job(s) you would prefer:

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

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

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