Allina Health

REGINA HOSPITAL

Volunteer Services

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.

Here is the process of getting ready to share your talents, time and energy with us.

- Enrollment – Please call the volunteer office to schedule an interview after you have completed the attached enrollment paperwork. We hope that we can offer you an area of service that is compatible with your interests and availability. Regina Hospital is required to perform a background check, so please thoroughly review the application and complete the attached forms.

- Health – Prospective volunteers must verify immunity to measles, mumps, rubella, chicken pox, and tuberculosis. When we meet, we will provide you with contact information for Infection Control. If your immunization record is unavailable, our infection control practitioner may arrange for a free test at an Allina Health laboratory to verify your immunity.

- General Orientation – We will schedule a time for you to attend a general orientation session to learn what you need to know about Regina Hospital before you get started.

I look forward to meeting with you and pursuing your interest in volunteering at Regina Hospital – Part of Allina Health. Please feel free to contact me if you have any questions.

Sincerely,

Maria Reis
Volunteer Services
651.404.1104
Email: maria.reis@allina.com

Allina Health
REGINA HOSPITAL

ADULT VOLUNTEER ENROLLMENT FORM

Thank you for your interest in Regina Hospital's Adult Volunteer Program.

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.

- ☐ Patient experience cart in Medical Surgical unit
- ☐ Contribute to non-nursing aspect of patient care
- ☐ Escort Services within Hospital
- ☐ Oncology unit volunteer
- ☐ Office/clerical projects (no weekends)
- ☐ Where the need is greatest
- ☐ Eucharist ministries
- ☐ Gift shop or Country Store
- ☐ Fund raising events (bazaar, garage sale, etc.)
- ☐ Coffee socials
- ☐ Resident Birthday Parties
- ☐ Special events (e.g., serving ice cream socials)
- ☐ Bloodmobile
- ☐ Crafts / Quilting
- ☐ Other _____
- ☐ Resident activities (refer to Senior Living)

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 Infection Control.

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

Background Check Disclosure for Allina Health Volunteers

Allina Health, including its subsidiary and affiliate corporations, may:

- order a consumer report (a background report) on you in connection with your application to volunteer at Allina Health
- order additional background reports on you for purposes of your volunteer role if you become a volunteer, or if you already volunteer for Allina Health.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living and criminal history. Information may be obtained from private and public record sources.

The current consumer reporting agencies (CRAs) are:

Verified Credentials, Inc. 20890 Kenbridge Court Lakeville, MN 55044 952-985-7200 Toll free:1-800-473-4934	Bureau of Criminal Apprehension BCA Headquarters – St. Paul 1430 Maryland Avenue East St. Paul, MN 55106-2802 651-793-2400

You have the right in most circumstances to submit a written report to the CRAs for a complete and accurate disclosure of the nature and scope of any consumer report Allina Health ordered about you. The CRAs must provide you with this disclosure form within five business days after its receipt of your request or the report was requested by Allina Health, whichever date is later.

Background Check Authorization for Allina Health Volunteers

By signing below, I authorize Allina Health, including its subsidiary and affiliate corporations, to obtain a consumer report in connection with my application for a volunteer role, or, as allowed by law, at any time during my volunteer role and from a consumer reporting agency (CRA) other than Verified Credentials, Inc.

For the purpose of preparing a background check for Allina Health, and only for that specific purpose, and subject to all laws protecting my information and individual privacy, I also authorize that the following information may be disclosed to the CRA as needed to compile the report: my past and present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; and motor vehicle records agencies. By signing below, I acknowledge the information that can be disclosed to the CRA, if and only as allowed by law, includes information related to my criminal background, motor vehicle history, employment and earnings history, education, personal references, character, mode of living, credit background, civil judgments or liens, military service, and professional credentials and licenses.

A volunteer opportunity with Allina Health is contingent upon a satisfactory background investigation. If I become a volunteer, I authorize Allina Health to order additional background reports while volunteering with Allina Health related to any of the above issues without asking me for my authorization again.

I may receive a copy of any consumer report obtained by Allina Health at no expense to me. I understand that I may request additional information on the nature of the report upon written request to the CRA. These searches will be conducted by: Verified Credentials, Inc., 20890 Kenbridge Court, Lakeville, MN 55044, 800-473-4934, www.verifiedcredentials.com. Check this box if you would like a free copy of your background report: ☐ Yes ☐ No

A copy of this authorization has the same validity as the original.

Identity Information and Address History		
First Name	**Middle Name**	**Last Name**
Former name(s) or alias you have used in the past (including maiden name):		
Date of Birth*	**Social Security Number***	
Phone	**Email Address**	
Please list ALL the of the addresses where you have lived during the **last 7 years**		
Current:		
Previous:		
Previous:		
Previous:		
Signature:		**Date:**

***** *This information is used for identification purposes only*