



Volunteer Services  
915 E. 1st Street, 3<sup>rd</sup> Floor  
Duluth, MN 55805  
218.249.5344 or 218.249.5343

### Volunteer Application

For Office Use:
Date Received: _____
Contact: _____
Interview _____
Background Check # _____
Tuberculosis Screening _____
COVID-19 Vacc _____ Flu Shot _____
Orientation/Handbook Review _____
Confidentiality Form _____
Position Description _____

Please complete, sign and return this application to the above address or to [Elizabeth.Abrahamson@slhduluth.com](mailto:Elizabeth.Abrahamson@slhduluth.com). Include a copy of your driver's license or state ID.

Volunteers are required to have a Minnesota Background Study and tuberculosis screening (T-Spot blood test) provided by St. Luke's before starting their volunteer commitment. Documentation of COVID-19 vaccination and annual flu shot are required. If needed, both vaccinations are provided by St. Luke's.



### PERSONAL INFORMATION

Full name: \_\_\_\_\_

Mailing Address

\_\_\_\_\_

Address	City	State	Zip
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Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current School (College Students): \_\_\_\_\_

**EMERGENCY CONTACT**

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

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EXPERIENCE**

Have you ever been employed by St. Luke's? Yes: \_\_\_ No: \_\_\_

If yes, which department: \_\_\_\_\_

Do you have a volunteer requirement? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, requirement details:

\_\_\_\_\_

Current activities, interests or hobbies:

\_\_\_\_\_

Current groups or organizations you are involved with:

\_\_\_\_\_

Experience, skills or talents you would like to share:

\_\_\_\_\_

Why have you decided to apply to volunteer?

\_\_\_\_\_

\_\_\_\_\_

What do you hope to achieve by volunteering?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIOR EXPERIENCE**

Volunteer

Position: \_\_\_\_\_

Duties:

\_\_\_\_\_

Position: \_\_\_\_\_

Duties:

\_\_\_\_\_

Employment or Other

Position: \_\_\_\_\_

Duties:

\_\_\_\_\_

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**REFERENCES**

Please do not list relatives.

1. \_\_\_\_\_  
Name Phone

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

2. \_\_\_\_\_  
Name Phone

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

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## AVAILABILITY

### Please circle any/all available time slot(s)

You will likely be assigned to volunteer one morning or one afternoon per week.

Mornings:      Monday      Tuesday      Wednesday      Thursday      Friday

Afternoons:    Monday      Tuesday      Wednesday      Thursday      Friday

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## Volunteer Areas

There are many volunteer positions in each general area. Please check the areas listed in which you are most interested (additional areas/positions may also be available).

### \_\_\_\_\_ Providing services to patients and/or visitors

Examples:

**Day Surgery Waiting Area** – Document patient arrival, assemble patient charts, escort patients and visitors, answer phones, respond to patient and visitor questions

**Information Desk** – Direct and escort patients and visitors to locations as requested

**ICU Waiting Area** – Provide information and assistance to family members and friends of patients

**Breast Center** – Greet and provide information to patients and staff as patients arrive, make appointment reminder calls to patients

### \_\_\_\_\_ Assisting staff

Examples:

**Medical Clinics, Clerical/Copy Center/Storeroom** – Coping, folding, stuffing envelopes, labeling, sorting, filing, making deliveries, scanning, chart review, data entry

**Pharmacy** – Sort and label prescription medication and assist staff as needed

**Pathology Lab** – File slides and assist staff as needed

**Messenger** – Sort, deliver and pick up hospital and clinic mail on campus

**Special Projects** – Complete projects as requested by St. Luke's departments with a group or individually

### \_\_\_\_\_ Marketplace Floor Clerk and Cashier

Example:

**Marketplace** – Assist customers with purchases, restock shelves keep merchandise areas and "take and go" food and drink areas clean and orderly, price merchandise as directed, wrap and bag merchandise, ring up sales including cash, check, payroll deductions and credit card machine

## Code of Conduct Agreement

I agree to abide by St. Luke's policies and procedures, ensuring the high quality of service volunteers provide as part of the St. Luke's healthcare team. I further authorize my references listed permission to furnish St. Luke's Volunteer Office with facts and opinions regarding my ability to be an effective volunteer and contribute to St. Luke's Mission: The Patient. Above All Else. I verify the information on this application is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_