



MeritCare Health System Volunteer Application
PO Box MC, Fargo ND 58122-0242

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ city state zip E-mail Address: \_\_\_\_\_

Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to Notify in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

If Student, College Attending: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Availability: (check all that apply) Preference: (\*) Check Types of Volunteer Involvement Preferred:
Daytime Hours Downtown Campus Patient Contact Position that involves Walking
Evening Hours South Campus No Patient Contact Auxiliary Member
Weekend Hours
Summer Hours

Educational Background: High School College Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Interests or Hobbies: \_\_\_\_\_

Other schooling, skills, and special training (be specific): \_\_\_\_\_

What prompted you to volunteer: \_\_\_\_\_

Do you know anyone working in the hospital as a volunteer?
Yes Who: \_\_\_\_\_ No

Have you done volunteer work before? Yes No
Where \_\_\_\_\_ What \_\_\_\_\_

Do you have any health problems which could hinder your ability to volunteer? Please describe \_\_\_\_\_

Have you volunteered at MeritCare Health System before? Yes When: \_\_\_\_\_ No

Have you ever been convicted of a crime, excluding minor traffic offenses? Yes No
If yes, explain the nature of the offense, when, where and disposition \_\_\_\_\_

(Disclosure of information will not bar consideration for volunteering and will only be considered in relation to specific job requirements.)

References: (give full names, addresses, and phone numbers other than relatives)
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\* We will honor this preference as much as possible. However, needs of the system will also be considered.

As a volunteer of MeritCare Health System, I understand that I will be given work assignments and will be responsible to function according to established policies and procedures.

\_\_\_\_\_ Date Signature Placement (for office use)