

St. Mary's Health Clinics Volunteer Application

1884 Randolph Avenue St. Paul, MN 55105

Personal Information:

Name _____

Address _____

City _____ State ____ Zip _____

Phone (H) _____

Phone (W) _____

Phone (Cell) _____

E-mail _____

Referred by _____

Your Birthdate ____ Month ____ Day ____ Year

Preferred Clinic Site:

Shakopee * (Monday, 1-5:30PM)

Shakopee * (Wednesday 1:45-5:30PM)

Shakopee, * (Thursday 1:45-5:30PM)

Park Avenue *, Mpls. (Tuesday 1:45-5:30PM)

Park Avenue *, Mpls. (Thursday 1:45-5:30PM)

Eastside*, St. Paul (Tues. 1:45-5:30PM)

St. Matt'/Olivet*, St. Paul*(Mon.12:30-5:30PM)

St. Matthew's/Olivet*, St. Paul* (Wed. 9AM-12PM)

St. Matthew's*, St. Paul (Wed.1-5:30PM)

St. Kate's, St. Paul, (Thursday 4:00-7:00PM)

Outreach/Consulate

**Indicates Spanish clinic session*

PM clinic sessions are afternoons until 6 PM

Preferred Volunteer Position:

Physician NP Nurse Interpreter Driver Admitting Office Assistance OT PT

Interests / Skills:

Language(s) other than English (indicate proficiency) _____

Work experience _____

Previous volunteer experience: _____

Education: _____

Additional Information:

Person to contact in case of illness while on duty:

Name: _____ Relationship: _____ Phone: _____

Any physical limitations we need to accommodate? _____

Have you ever been convicted of a felony? Yes or No

M.D. / C.N.P / R.N. only

License / Certification Type (please circle) MD / CNP / RN / Other

Number _____ Exp. Date ____/____ *Please attach copy of current license*

DEA # _____

Have you had Hepatitis B Vaccination Yes / No

References: (Professional for MD and Nurses - Personal for all other volunteers)

Name: _____ Address: _____

Phone: _____ Affiliation: _____

Name: _____ Address: _____

Phone: _____ Affiliation: _____

Thank you for your interest in volunteering for Saint Mary's Health Clinics. We will review your application and contact you as soon as possible.

Signature _____ Date: _____