

Hennepin County
Medical Center

Dear Applicant:

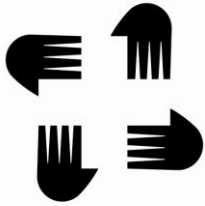
Thank you for your inquiry about volunteer opportunities at Hennepin County Medical Center. I am enclosing an application form as well as a copy of *Where Help is Needed*, which is a sampling of our volunteer opportunities. We do ask for a minimum time commitment of 80 hours service and 60 hours from anyone who is a student. Volunteer service hours are usually completed by volunteering one (3-4) hour shift a week until you have met our commitment; volunteers are welcome to participate beyond our minimum commitment. In addition to our hour requirement we also ask that each new volunteer purchase \$10 uniform.

If you would like to volunteer, please complete the application and return it to the Volunteer Office. We evaluate applications and current position openings every other week, and you will receive a letter in the mail with next steps. Feel free to contact our office if you have any questions or concerns

I look forward to receiving your application!

Sincerely,

Paula Lanhart
Volunteer Program Support



Hennepin County
Medical Center

VOLUNTEER APPLICATION

For Office Use Only

Interview letter date:

Interview date:

HEICS:

PLEASE PRINT CLEARLY!

Last Name _____ First Name _____ MI _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____ Date of birth (month/day only) _____

In an emergency call _____ Phone #1 _____

Phone #2 _____ Relationship to you _____

Are you currently an employee of HCMC? Yes No

Your employer _____ Occupation _____

*We will use the following information **only** to track demographic statistics. Providing this information is voluntary and will be kept private.*

Birth year: _____ Gender: M F Ethnicity: _____ Disability: _____

Education (circle highest level completed): High School 1 2 3 4 GED College 1 2 3 4 5 6

Please check all skills you possess:

- Accounting/bookkeeping
- Answering phones
- Art collecting/history
- Business operations
- Crafts/Needlework
- Customer Service
- Desktop computer skills
- Drawing/painting
- Filing/clerical
- Fund raising
- Healing touch (certified)
- Health care professional
- Legal knowledge
- Marketing/Advertising skills
- Massage (certified)
- Photography
- Play instrument: _____
- Retail operations
- Sewing
- Speak these languages:
 - _____ (fluent)
 - _____ (fluent)
- Teaching adults
- Teaching children
- Writing/editing

Previous _____ work
experience _____

Previous _____ volunteer
experience _____

__(over)Are you willing to occasionally substitute in a position for which you are trained? Yes
 No

Are you willing to be called occasionally to help with a special project (ex: mailings, surveys, conference registration, and hospitality at special events)? Yes No

Place an "X" in every box when you are available to volunteer.

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Morning							
Afternoon							
Evening							

As you look over the list of volunteer positions, please indicate what interests you most:

Please list any skills you are hoping to learn or improve upon by volunteering:

How did you hear about our volunteer program?

Have you ever been convicted of any violation of the law other than parking tickets? Yes No

If yes, please explain _____

VOLUNTEER APPLICANT REFERENCE

The Volunteer Program requires two references for each volunteer applicant. **Your references may not be family members or anyone related to you.** Please fill your name in at the top, give your references the Volunteer Applicant Reference sheet included in this packet and have your reference complete the form and give it to you in a sealed envelope for you to send or drop off at the Volunteer Program Office with your application. Or have them return it to our office at the address listed at the bottom. Two reference sheets have been included in this packet, one for each of your required references. You must have at least one reference returned to the Volunteer Program Office before your application will be view by the Coordinator.



I authorize HCMC to accept any pertinent information they may receive regarding this application and me as an applicant as from references of my choice. HCMC may perform any necessary criminal record background checks as required by law.

I verify that all of the information above is true and I understand that if it is not, I am disqualifying myself for a volunteer position.

Applicant's _____ Date _____ signature

Applicant's _____ name _____ (please _____ print)

This application should be returned to: Volunteer Program of HCMC
701 Park Avenue
Minneapolis, MN 55415-1829
or fax to: 612-904-4563
or email to paula.lanhart@hcmcd.org

WHERE HELP IS NEEDED AT HCMC?*Indicates positions with evening and/or weekend assignments. These are just some of the volunteer positions available at HCMC.

* **Activity Cart** - Distribute craft project kits & recreation supplies to hospital patients; restock cart, assist with kit assembly.

Arts Program – Help with photography and data entry to catalog and maintain art collection inventory.

Book Buddy - Read to young patients and their siblings in Pediatric Clinic waiting rooms or Emergency Room areas.

Clothing Room - Volunteers receive, sort, size and organize donated clothing for distribution to patients by staff.

Gift Shop - Assist customers with selection and purchase of merchandise, operate cash register, and restock shelves.

Historical Museum - Assist museum staff with data entry and photography to catalog collections.

***Information Desk/Escort** - Assist patients & visitors with finding their way around our large, busy campus. Some wheelchair transport. Volunteers provide a welcome and information to patients, visitors, callers, and deliver flowers to patient rooms.

Magazines - Visit all public waiting areas and lounges in the hospital, distributing donated magazines for patients and visitor use.

Medicine Clinic - Provide clerical support for staff, escort assistance for patients in busy hospital clinic..

Office Support - Utilize basic office support skills to assist hospital staff with filing, collating, answering phones, photocopying, etc. Some positions require data entry skills.

* **Pediatric/Team Center** - Assist Pediatric Team Center staff with greeting visitors, answering phones, clerical tasks, transporting discharged patients, restocking supplies, playing games with patients, etc.

Special Projects - Work on assorted mailings, projects, and clerical tasks during time blocks staff schedules with you around the needs of a current project.

Transportation – Support transportation staff by answering phones, assisting waiting patients, and occasional assistance to wheelchair patient

Unit Assistant - assist inpatient nursing staff with clerical duties and provide companionship to patients.

VOLUNTEER APPLICANT REFERENCE

Applicant's Name _____

Reference Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Relationship to Applicant _____ Years Acquainted with Applicant _____

This applicant listed above has applied to be a volunteer at Hennepin County Medical Center. Would you please take a few moments to tell us about your experiences with this volunteer applicant who has named you as a reference? It will help us to evaluate the applicant's abilities and suitability for this kind of volunteer work if you will answer the following questions. A volunteer does not necessarily need to excel in all categories to be successful; different positions require different skills and abilities. Your comments will assist us in making an appropriate placement. Thank you for your cooperation. Feel free to contact us if you have any questions or concerns.

Check the column that most accurately describes this person:

	<i>Above average</i>		<i>Average</i>		<i>Below average</i>
Dependable					
Able to communicate clearly and effectively					
Flexible					
Able to follow instructions carefully					
Honesty/Trustworthiness					
Able to deal with the public appropriately					
Able to work independently					
Able to work with a group					
Helpful attitude					

Would you recommend this person to work with children?

Can this person deal with sensitive human issues?

Please make any additional comments you believe would be beneficial (use back if needed):

Give to applicant in a sealed envelope

Or please return this form within five days to: Volunteer Program of HCMC
701 Park Avenue

Questions or concerns please call
612-873-2512

Minneapolis, MN 55415
or fax 612-904-4563 or
email to: paula.lanhart@hcmcd.org

VOLUNTEER APPLICANT REFERENCE

Applicant's Name _____

Reference Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Relationship to Applicant _____ Years Acquainted with Applicant _____

This applicant listed above has applied to be a volunteer at Hennepin County Medical Center. Would you please take a few moments to tell us about your experiences with this volunteer applicant who has named you as a reference? It will help us to evaluate the applicant's abilities and suitability for this kind of volunteer work if you will answer the following questions. A volunteer does not necessarily need to excel in all categories to be successful; different positions require different skills and abilities. Your comments will assist us in making an appropriate placement. Thank you for your cooperation. Feel free to contact us if you have any questions or concerns.

Check the column that most accurately describes this person:

	<i>Above average</i>		<i>Average</i>		<i>Below average</i>
Dependable					
Able to communicate clearly and effectively					
Flexible					
Able to follow instructions carefully					
Honesty/Trustworthiness					
Able to deal with the public appropriately					
Able to work independently					
Able to work with a group					
Helpful attitude					

Would you recommend this person to work with children?

Can this person deal with sensitive human issues?

Please make any additional comments you believe would be beneficial (use back if needed):

Give to applicant in a sealed envelope

Or please return this form within five days to: Volunteer Program of HCMC
701 Park Avenue

Question or concerns please call
612-873-2512

Minneapolis, MN 55415
or fax 612-904-4563
or email to: paula.lanhart@hcmed.org

Bring this form to
interview

Minnesota Department of Human Services Background Study Information

Privacy Notice: Your privacy rights are outlined in a separate notice entitled "Background Study Privacy Notice" (dated 9-01-03).

It is available from the agency who is initiating this study of you, or by calling 651-296-3971 (voice) or 651-282-6832 (TTY).

Items marked with an asterisk(*) are optional.
All other information is required.

Last Name																								
First Name																								
Middle Name																								
Other First Names you have used																								
Other Last Names you have used																								
Birthdate	Month	Day		Year																				
Social Security Number*			-			-																		
Address																								
City																								
State																								

Bring this form to
Health screening
appointment

**HENNEPIN COUNTY MEDICAL CENTER
EMPLOYEE OCCUPATIONAL HEALTH & WELLNESS
PREPLACEMENT HEALTH SCREENING FOR VOLUNTEERS**

The purpose of this screening is to determine immunity and infectious disease status. Please answer the questions carefully and completely. This information will not be shared with your supervisor unless it has implications for work restrictions or your safety. I hereby permit Employee Occupational Health and Wellness access to any medical records previously established at Hennepin County Medical Center and authorize the review of this medical record for this pre-placement evaluation. Under the Department of Health Adopted Rules Governing Communicable Diseases, certain communicable diseases must be reported to the Commissioner of the Department of Health.

Signature _____

Date _____

Last Name _____ First Name _____ Middle Initial _____

Maiden/Other Name: _____ Gender: Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth _____

Places where you have lived or traveled outside the USA: _____

In Emergency Notify: _____ Phone: _____

Varicella (Chicken Pox) ** provide documentation of vaccination or titers

<input type="checkbox"/> I have had the chicken pox disease (skip to next section) <input type="checkbox"/> I have had the chicken pox vaccine. Dates: _____ <input type="checkbox"/> I have had the chicken pox titer(blood test) Date: _____	EOHW Nurse comments: <input type="checkbox"/> History of Disease <input type="checkbox"/> Doc.Titer or Vac. X2 <input type="checkbox"/> Titer To Be Drawn
--	---

Rubeola (Measles) ** provide documentation of vaccination or titers

<input type="checkbox"/> I have had the measles or MMR vaccine: Dates: _____ <input type="checkbox"/> I have had the measles titer (blood test): Date: _____	Vaccine or Titer Dates: <input type="checkbox"/> Doc.Titer or Vac. X2 <input type="checkbox"/> Titer To Be Drawn
---	--

Rubella (German Measles) provide documentation of vaccination or titers**

<input type="checkbox"/> I have had the rubella or MMR vaccine: Dates: _____ <input type="checkbox"/> I have had the rubella titer (blood test): Date: _____	Vaccine or Titer Dates: <input type="checkbox"/> Doc.Titer or Vac. X1 <input type="checkbox"/> Titer To Be Drawn
---	--

Mumps ** provide documentation of vaccination or titers

<input type="checkbox"/> I have had the mumps or MMR vaccine: Dates: _____ <input type="checkbox"/> I have had the mumps titer (blood test): Date: _____	Vaccine or Titer Dates: <input type="checkbox"/> Doc.Titer or Vac. X1
---	--

	<input type="checkbox"/> Titer To Be Drawn
Hepatitis B ** provide documentation of vaccination or titers	
	EOHW Nurse comments:
<input type="checkbox"/> I have been exposed to Hepatitis B within the last 3 months <input type="checkbox"/> I have had the Hepatitis B disease <input type="checkbox"/> I have had the Hepatitis B vaccine <input type="checkbox"/> I have had the Hepatitis B titer (blood test)	Vaccine or Titer Dates: <input type="checkbox"/> Doc. Titer or Vac. X3 No titer for volunteers

Herpes	
<input type="checkbox"/> I get cold sores or Herpetic Whitlow.	Good handwashing advised and no draining lesions at work

Tuberculosis Screening
(you will need to provide documentation if you have had a positive test)

	In what country were you born?	EOHW Nurse comments:
Yes No <input type="checkbox"/> <input type="checkbox"/>	Have you traveled outside the United States in the past three months? If so, which countries have you visited?	
<input type="checkbox"/> <input type="checkbox"/>	Have you ever had a BCG vaccination? Date:	
<input type="checkbox"/> <input type="checkbox"/>	Have you been exposed to TB within the last three months?	
<input type="checkbox"/> <input type="checkbox"/>	Have you ever had a TB skin test (mantoux) or PPD? If yes, what was the date of your last one?	
<input type="checkbox"/> <input type="checkbox"/>	Have you ever had a positive TB skin test? What was the date? Where was the test done? What was the result? _____ mm induration	
<input type="checkbox"/> <input type="checkbox"/>	Were you treated with INH or medication?	
<input type="checkbox"/> <input type="checkbox"/>	Have you ever had a chest x-ray? Date:	
<input type="checkbox"/> <input type="checkbox"/>	Have you had TB in the past or do you currently have active TB?	

Please check if you had any of the following symptoms within the past year for greater than 1-2 weeks:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Cough over 2 weeks or change in cough | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Night sweats |
| <input type="checkbox"/> Bloody sputum (coughing up blood) | |

Allergies	
Allergic to: <input type="checkbox"/> Medicine, please list _____ <input type="checkbox"/> Detergent <input type="checkbox"/> Chemicals <input type="checkbox"/> Latex <input type="checkbox"/> Rubber gloves <input type="checkbox"/> Rats or mice <input type="checkbox"/> Other _____	For latex allergy, complete allergy screening form & teaching

Examiner Signature	Date
---------------------------	-------------

Complete marked lines only

Bring this form to interview

SECURITY DEPARTMENT - PHOTO ID PRE-REGISTRATION FORM

****ATTN EMPLOYEE: For ID Badge Changes; ID Badge must be obtained within 30 days after Effective Date below.***

EFFECTIVE DATE*: _____

Name (Last, First Middle Initial) _____	Preferred First Name (if different) _____
--	--

CREDENTIALS (MD, RN, etc.) _____	Job Title (Working Title, if applicable) <i>(limited to 50 characters/25 per line)</i> VOLUNTEER	Department Name: _____
-------------------------------------	--	---------------------------

Department # 6920	Department Phone (if known) 612-873-2512	Supervisor Name Sheila Moroney
----------------------	---	-----------------------------------

Employee home address _____	City _____	State _____	Zip _____	Home Phone _____
--------------------------------	---------------	----------------	--------------	---------------------

Sex M ___ F ___	Race	Date of birth	Height	Weight	Eye Color	Hair Color
--------------------	------	---------------	--------	--------	-----------	------------

PS NUMBER AND OLD COUNTY EMPLOYEE ID NUMBER IF HIRED PRIOR TO 3-18-07 (REQUIRED-(HR to Complete)) _____ _____	EMPLOYEE SIGNATURE	Card Number (parking office use only) _____ For Office Use Only
--	--------------------	--

**NO ID WILL BE ISSUED WITHOUT A HCMC EMPLOYEE NUMBER AND A VALID ID SUCH AS DRIVER LICENSE, PASSPORT OR STATE ISSUED ID. BRING FORM TO SECURITY DEPARTMENT (RL.150) MON-FRI 6:00 a.m. – 3:30 p.m.
Questions call: 612-873-2359**