

EMPLOYMENT

Current _____ Position _____

Past/Retired _____ Position _____

EDUCATION: PERSONAL TAB

High School or GED: Year Completed _____

Are you currently enrolled in a post-high school education program? No Yes

If yes, where _____

Medical Training (Please List) _____

HOW DID YOU HEAR OF FSH'S VOLUNTEER OPPORTUNITIES (please circle)

FSH Web Site VolunteerMatch School Church Friend Other _____

I am volunteering: For personal reasons To satisfy scholastic requirements

To satisfy mandatory stipulations

VOLUNTEER HISTORY

Have you served as a volunteer before? No Yes

If yes, please specify: _____

RELEVANT FAIRVIEW EXPERIENCE

Are you presently a Fairview Employee? No Yes

If yes, Site _____ Department _____ Position: _____

Are you a retired Fairview Employee? No Yes

If yes, Site _____ Position: _____ Year retired _____

Do you volunteer at another Fairview site? No Yes

If yes, Site _____ Department _____ Position: _____

Fairview is committed to diversity and does not discriminate against qualified persons on the basis of race, color, religion, sex, national origin, age, disability, veteran status or other factors identified and protected by federal, state or local legislation. This application will be active for six months, after that time a new application may be required for future consideration.

In submitting this application, I understand that I will fulfill the requirements and policies for all volunteers and I will respect all information as confidential.

DATE: _____ SIGNATURE _____

Please help us to discern the kinds of volunteer opportunities that might interest you based on your skills and interests. Place check mark (☑) all that you would be willing to use in a volunteer position. NOTE: Not every volunteer opportunity would utilize all the skills.

SKILLS								
I am already competent at this skill	I would like to gain or improve this skill		I am already competent at this skill	I would like to gain or improve this skill		I am already competent at this skill	I would like to gain or improve this skill	
<input type="checkbox"/>	<input type="checkbox"/>	Computer	<input type="checkbox"/>	<input type="checkbox"/>	Retail	<input type="checkbox"/>	<input type="checkbox"/>	Hospitality
<input type="checkbox"/>	<input type="checkbox"/>	Office	<input type="checkbox"/>	<input type="checkbox"/>	Reception/greeting	<input type="checkbox"/>	<input type="checkbox"/>	Critical thinking
<input type="checkbox"/>	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	<input type="checkbox"/>	Collating/sorting/assembling	<input type="checkbox"/>	<input type="checkbox"/>	Other

SCHEDULING AVAILABILITY

- **TIME AVAILABILITY:**
Circle the day(s) in the time frames you are available to volunteer.

Morning: 8a-12p							Day: 10a-2p <i>Limited opportunities</i>				Afternoon: 12p-4p							
M	T	W	Th	F	Sa	Su	M	T	W	Th	F	M	T	W	Th	F	Sa	Su

Evening: 4p-8p <i>Limited opportunities</i>							Evening: 6p-8p <i>Limited opportunities</i>						
M	T	W	Th	F	Sa	Su	M	T	W	Th	F	Sa	Su

- SCHEDULING COMMENTS: _____

PERSONAL REFERENCE

Fairview Southdale Hospital requires **TWO** references be on file with your application (please do not ask family to provide your references). Please provide this questionnaire to each of your references and ask them to return it promptly to Volunteer Services at FSH, 6401 France Ave S., Suite LL-3J, Edina, MN 55435.

If you need more space for your answers, please write on back or add additional pages.

Volunteer applicant's name _____

Referent's name _____ Date _____

Referent's phone number (_____) _____ Best time to call _____

Relationship to applicant _____

I have known the applicant since _____

Please tell us why you think the applicant would be a good volunteer in our hospital setting.

How would you describe your experience of the applicant's ability to interact with others of similar and different backgrounds? _____

Please describe your experience with the applicant's track record of keeping commitments and following through on obligations. _____

Why would you want to encounter the applicant if you were visiting or admitted to the hospital?

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