

Innovis Health

VOLUNTEER APPLICATION

(You must be at least 18 years old to apply)

Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (Home): _____ Work: _____
Cell: _____ Fax: _____
E-mail Address: _____

Check the area(s) in which you are most interested:

____ Hospitality Desk - South Univ ____ Gift Shop ____ Office Support
____ Hospitality Desk - 32nd Ave ____ Special Projects ____ OR Surgical Host
____ Emergency Department ____ Reading Cart ____ Birthing Center Host
____ Other: _____

Identify your talents/skills that you think could be applied at Innovis Health:

What education, training or work experience do you have that may be relevant to volunteer work at Innovis Health?

What type(s) of volunteer work have you previously done?

When are you most likely to be available for volunteer work? (Check ALL that apply.)

Weekdays: ____ Mornings ____ Afternoons ____ Evenings
Weekends: ____ Mornings ____ Afternoons ____ Evenings
 ____ Holidays ____ Summer Months

****Please note: A minimum 3-month commitment is required****

Are you at least 18 years old? Yes No *(You must be 18 years of age or older to volunteer at Innovis Health)*

Are you a student? Yes No

If yes, what school do you attend? _____

Applicant Name: _____

List two (2) references that have known you for at least three (3) years and know your skills. (Do not list family members.)

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Phone (Home): _____ Cell: _____

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Phone (Home): _____ Cell: _____

Any other comments or information you would like to share:

- I am at least 18 years of age.
- I understand that I will need to complete an orientation before beginning my volunteer work.
- I understand that Innovis Health has a strict no-smoking policy on the campus.
- I understand that I must at all times respect the confidentiality of the patients, their families and any other information I learn as a part of my volunteer work - and that failure to do so will result in my termination as a volunteer.

Applicant Signature

Date

Please return your application to:
Innovis Health Volunteer Services - 3000 32nd Avenue South - Fargo, ND 58103
Questions? Please contact the Hospitality Desk at 701-364-4735
or email volunteer@innovishealth.com.