



Dear Prospective Volunteer,

CHI St. Joseph's Health offers a variety of rewarding volunteer opportunities. All positions enhance patient care. Opportunities include areas of Hospice Care, Patient Services, Hospital Auxiliary, Gift Shop, Information Counter, Senior Companion, and many special events.

Please complete the Volunteer Services application and return via email, mail or in person. You will also need to complete the NETStudy application, as a background check is required.

After your application has been received you will be contacted by the Volunteer Services Coordinator to discuss opportunities and identify the areas of most interest to you. The Coordinator will then be able to guide and assist you through the process of becoming a hospital volunteer.

Thank You for your interest in joining our "family" of volunteers. Volunteering is such a rewarding way to support our community. We look forward to meeting with you.

Respectfully,

A handwritten signature in cursive script that reads "Julia Dickie".

Julia Dickie  
Gift Shop Coordinator  
Interim Volunteer Services Coordinator  
Ph.218.616.3197  
[juliadickie@catholichealth.net](mailto:juliadickie@catholichealth.net)

**Our Mission:** We make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.



## VOLUNTEER SERVICES APPLICATION

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL: \_\_\_\_\_

How were you referred to the volunteer program at CHI St. Joseph's Health?

\_\_\_\_\_

Approximately how many hours per week would you be available? \_\_\_\_\_

Would you be available Daytime? \_\_\_\_\_ Evenings? \_\_\_\_\_ Weekends? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

\_\_\_\_\_

Briefly state your reasons for wanting to become involved in volunteering at St. Joseph's:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(please complete the reverse side)



Are you currently employed? \_\_\_\_\_ If yes:

Who is your employer? \_\_\_\_\_

What is your position? \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

List a local reference: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Do you have other work or lay experience or training which you believe is applicable to volunteering at St. Joseph's? \_\_\_\_\_

If so, briefly explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am interested in volunteering in the following areas:

- Auxiliary
- Hospice
- Hospital
- Senior Companion

I certify that the information supplied on this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*(My signature gives St. Joseph's permission to contact the person I have listed as a reference.)*

\_\_\_\_\_  
Signature of Parent/Guardian if applicant under age 18

\_\_\_\_\_  
Date

*Return application to*

**Volunteer Services  
CHI St. Joseph's Health  
600 Pleasant Avenue  
Park Rapids MN 56470**

*Questions?*

**Call (218) 616-3197 or  
1(800) 566-3311, ext. 3197**



## **BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES**

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

### **Why is DHS asking me for my private information?**

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

### **How will I be notified that a background study was submitted on me?**

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

### **What information must I provide to complete the background study?**

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number, and;
- fingerprints and a photograph.

### **How will the information that I give be used?**

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice.

### **What may happen if I provide the information?**

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

### **What if I refuse to provide the information?**

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

### **Who will DHS give my information to?**

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

### **What information will DHS share with the entity that requested my background study?**

The entity that requested the background study will be notified of your background study determination.

If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

### **What other entities might DHS share information with?**

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.

### **What if my disqualification is set aside?**

If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A, or;
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2, or;
- DHS receives additional information indicating that you pose a risk of harm, or;
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

### **Will my fingerprints be kept?**

DHS and the Bureau of Criminal Apprehension will not keep your fingerprints. However, if an FBI check is required for your background study, the Federal Bureau of Investigation (FBI) will keep your fingerprints and may use them for other purposes.

### **What information can the fingerprint and photo site view and keep?**

The fingerprint and photo site can view identifying information to verify your identify. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

### **Who can see my photo?**

Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

### **What are my rights about the information you have about me?**

- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask in writing a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:

- (1) not been affiliated with any entity for the previous two years, and;
- (2) no current disqualifying characteristic(s).

Please send all written requests to:

Minnesota Department of Human Services  
Background Studies Division  
NETStudy 2.0 Coordinator  
PO Box 64242  
St. Paul, MN 55164-0242

### **How long will DHS keep my background study information?**

DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on a you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

### **What is the legal authority for DHS to conduct background studies?**

Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C. Background studies are authorized under Minnesota Statutes, sections 256B.0943, subdivision 5a; 256B.0659, subdivision 11(a)(3); 241.021, subdivision 6(a); 144.057, subdivision 1; 518.165, subdivision 4, and 524.5-118;

### **What if I think my privacy rights have been violated?**

You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services  
Privacy Official  
PO Box 64998  
St. Paul, MN 55164-0998

## NETStudy Application

First Name	
Middle Name	
Last Name	
Suffix	
Date of Birth	
SSN (required if study is intended to be transferable)	
<b>Permanent / Physical Address</b>	
Address Line 1	
Address Line 2	
City	
State	
ZIP	
County	
Mailing Address Same as Permanent Address?	
Race	
Sex	
Eye Color	
Hair Color	
Height	

Weight				
US Citizen				
Place of Birth				
Primary Phone				
Primary Phone Type				
Secondary Phone				
Secondary Phone Type				
Email Address				
Prior Addresses in last 5 years	City	State	Year From	Year To
Prior Names & Aliases				

**\*Please provide a photo copy of your Photo ID.** This same ID will be verified when you present to be fingerprinted. Please bring it with you.  
**Acceptable Photo ID's are:** State Issued Driver's License, State Issued Identification Card, US Armed Forces ID, Passport, Visa