



Volunteer Services Application

Thank you for considering volunteer opportunities with CHI St. Joseph's Health. Please complete the application and mail to the address on the back of the application and someone from our organization will get back to you.

*Hospital, Gift Shop, and Hospice Care volunteers are required to complete a NET Study background check and medical clearance prior to being placed in a volunteer position.

Name: _____

Mailing address: _____

If the above mailing address is seasonal, please provide an alternate address. _____

Email _____ **Phone Number** _____

Briefly state your reasons for wanting to become involved in volunteering at CHI St.

Joseph's Health: _____

Did a current volunteer refer you? If so, what is their name? _____

Approximately how many hours per week would you be available to volunteer? _____

What is the best way to contact you? _____

Are you currently employed? If yes, who is your employer? _____

Do you have other work or experience which you believe is applicable to volunteering at CHI St. Joseph's Health? If yes, please explain: _____

Which area are you interested in volunteering?

____ Hospital

____ Gift Shop

____ Auxiliary

____ Hospice Care

____ Other: _____

If you have questions, please contact Sonja Day at 218-616-3383 or sonja.day@commonspirit.org

Mail application to:

CHI St. Joseph's Health

Attn: Volunteer Services

600 Pleasant Avenue South

Park Rapids, MN 56470

