



Volunteer Application

Redeemer Health and Rehab Center

625 West 31st Street · Minneapolis, MN 55408 · (612) 827-2555

Today's Date

First Name	Last Name	Middle Name		
Address				
City	State	Zip Code	Home Phone	Cell Phone
Are you presently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employer:	
May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work Phone:	
Date of Birth (month, day, year)	Email address:			

How did you learn about Redeemer Health & Rehab Center?

Are you volunteering to fulfill a specific requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Deadline:	# of Hours:
What type?	<input type="checkbox"/> School	<input type="checkbox"/> Court Ordered	<input type="checkbox"/> Other (please describe)	Other info:
Please list your related experience, such as employment, past volunteer work, organizations:				

Please indicate which days and times you are available to volunteer: (Please block with an "X" when you are not available to volunteer)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8 AM – Noon)							
Afternoon (Noon – 5PM)							
Evening (5 PM – 9 PM)							

Redeemer Health and Rehab Center is required to perform a criminal background check on all adult volunteers.
 Have you ever been convicted of a crime such as robbery, theft, assault or abuse of another person? Yes No
 If you have a Minnesota Driver's License or State ID, please write it here:

Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteers under 18 are required to have a parent/guardian sign a Youth Permission Form.
Have you ever tested positive for tuberculosis?		Redeemer Health and Rehab Center requires and administers Mantoux (TB) tests to volunteers.
Do you have any health restriction or physical limitations that could affect your placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Are you able to push wheelchairs? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List two Personal References (do not list relatives)

1. First Name	Last Name	Phone
2. First Name	Last Name	Phone

Who should we contact in case of an emergency?	Name	Relationship	Phone
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I certify that the information included in this application is correct and I give my permission for references and/or employer to be contacted.

Signature _____ Date _____

Thank you for your energy and interest! Our Volunteer Coordinator will contact you to arrange an interview.