

Volunteer Application

Thank you for your interest in volunteering with CHI St. Alexius Health. Please complete the following application and return to Volunteer Services, CHI St. Alexius Health, 900 E Broadway, Bismarck, ND 58506 or fax to 701-530-7161. *****A copy of valid government-issued photo identification must be attached to this application*****

Name: _____ Date of Birth: _____ SSN: _____ - _____ - _____

Address: _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

References: Please list two people who can serve as a reference.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

1. What volunteer position(s) are of interest to you?

2. What is your availability?

Times	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Shifts
Morning								Weekly
Afternoon								2x/month
Evening								1x/month
<i>Are you available to substitute on short notice?</i>						Yes		No
<i>Are you available to volunteer on holidays?</i>						Yes		No