



Mercy Hospital Adult Volunteer Application

Mercy Hospital Auxiliary/Volunteer Services

4050 Coon Rapids Blvd NW

Coon Rapids MN 55433-2586

(763) 236-8011

e-mail: MercyVolunteerServices@Allina.com

PLEASE INDICATE THE FOLLOWING:

Day you prefer to volunteer (circle one): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time you prefer to volunteer (circle one): Morning Afternoon Evening

INDICATE YOUR CHOICE BY PREFERENCE - 1, 2, 3

_____ Patient Representative – Visit patients to make sure their hospitalization is going well.

_____ SARS – Assist patients & families during surgical admissions & recovery.

_____ Children's Tours – Conduct In-Hospital & Pediatric Pre-Op Tours.

_____ Information Desk – Answer telephones & assist visitors who come to the hospital.

_____ Messenger Desk – Deliver flowers, patients' mail, assist patient transporters.

_____ Nourishment Cart – Take coffee & snacks on rounds to patients' rooms.

_____ ICU/Surgical Care Waiting – Assist families while they wait for patients in ICU and surgery.

_____ Gift Shop – Handle merchandise sales for visitors and hospital staff.

_____ Tiffany Coffee Shop – Serve visitors, the hospital staff and volunteers.

_____ Baby Photos – Visit new mothers and take orders for baby photos (once a week).

_____ Wheels of Joy – Cheer up patients with humorous/inspirational material.

_____ Cancer Resource Center – Answer phone, basic office tasks, library assistance, visit with cancer patients & families to provide support & information.

MERCY HOSPITAL AUXILIARY/VOLUNTEER SERVICES

APPLICATION FOR MEMBERSHIP

Name _____ Home Phone (____)____ - _____
(last) (first) (middle initial)

Address _____
(street) (city, state) (zip code)

Email address _____

Are you willing to obtain a statement of health? _____ Family physician _____

Do you have previous experience as a volunteer? _____ Where? _____

SIGNATURE

DATE

Please complete and return

Revised 6/18/02