

Aberdeen

# **Volunteering with Sanford Aberdeen**

### Why should I be a Sanford Health Volunteer?

People give their time for many reasons. Some are former Sanford patients or employees. Others are retired and looking for meaningful ways to spend their time. Some want to make new friends, some are considering a career in healthcare and others want some practical experience. Though their motivation is different, they all possess the qualities that make our volunteers so special.

### A little bit of your time makes a big difference.

Remember, it only takes a moment to lend a hand or to have a positive impact on someone else's life. But the effects of one moment can last a long, long time.

## **Qualifications:**

Our volunteers assist in many, many ways. We try to accommodate your interests and talents while keeping in mind the needs of our health system.

We ask that you come to us with:

- A positive attitude about service.
- An ability to learn and follow direction.
- The desire to commit to a volunteer position.

We require that:

- Volunteers are at least 16 years old, some positions require a minimum age of 19 years old.
- Able to communicate clearly in English.
- We cannot accept volunteers who are meeting court-mandated community service hours.

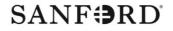
### How do I become a Volunteer?

We require volunteers to complete the following qualification process:

- Application
- Interview
- Background check
- Updated vaccination record including: MMR and Chicken Pox.
- Blood Draw
- Flu Shot
- Orientation

# The next step is up to you!

Once the Volunteer Office receives your application, you will be contacted for an interview.



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# Sanford Aberdeen Volunteer Application

Name:		
Address:	City/State/Zip:	
Email:		
Home Phone:	Cell Phone:	
Date of Birth:	Gender:	
How would you like us to contact you? Email:	Phone:	
Do you belong to the Retired Senior Volunteer Program	? Yes: No:	

# Availability

Please indicate the days and times you are usually available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

### My availability is:

From (list month, day and year):\_\_\_\_\_

To (list month, day and year):\_\_\_\_\_

### **Assignment Preference (Check all that apply):**

Clinic Greeter:

Emergency Entrance Greeter: \_\_\_\_\_

Imaging Department Greeter:

Café Hostess: \_\_\_\_\_

#### **Current Academic Status:**

Name of School:

Year in School: A	Area of Study:
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Anticipated Graduation Date: \_\_\_\_\_

Previous Volunteering Experience:					
Special training, skills, or expe	rience:				
Current Employer:					
Why would you like to volunte	er with Sanford Aberdo	een?			
Reference 1: Name:					
Address:		City/State/Zip:			
Home Phone:	Work Phone:				
Reference 2: Name:					
Address:		City/State/Zip:			
Home Phone:	Work Phone:				
<b>Emergency Contact Information</b>	on:				
Relationship:					
Home Phone:	Work Phone:				
Completed applications can be Sanford Aberdeen Medical Ce Attn: Volunteer Office 2905 3 <sup>rd</sup> Ave. SE Aberdeen, SD 57401					
<b>Phone:</b> (605) 626-4210 <b>Fax:</b> (605)626-4211					
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