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.
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:

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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: _____________ Area of Study: _________________________________________

Anticipated Graduation Date: ________________
Previous Volunteering Experience:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Special training, skills, or experience:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Current Employer: __________________________________________________________

Why would you like to volunteer with Sanford Aberdeen? ______________________________
________________________________________________________________________
________________________________________________________________________

Reference 1:
Name: __________________________________________________________
Address: __________________________ City/State/Zip: __________________________
Home Phone: __________ Work Phone: __________

Reference 2:
Name: __________________________________________________________
Address: __________________________ City/State/Zip: __________________________
Home Phone: __________ Work Phone: __________

Emergency Contact Information:
Name: __________________________________________________________
Relationship: __________________________________________________________
Home Phone: __________ Work Phone: __________

Completed applications can be sent to:
Sanford Aberdeen Medical Center
Attn: Volunteer Office
2905 3rd Ave. SE
Aberdeen, SD 57401

Phone: (605) 626-4210
Fax: (605)626-4211

Revised August 2020