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 Assistant: _____

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:
Rachel Rohrbach (Administrative Assistant)
Sanford Aberdeen Medical Center
2905 3rd Ave, SE
Aberdeen, SD 57401

Email: rachel.rohrbach@sanfordhealth.org
Phone: (605) 626-4210
Fax: (605)626-4211

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