



MADONNA LIVING COMMUNITY OF ROCHESTER

Benedictine Health System

VOLUNTEER APPLICATION

Name (Please Print) _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Best Time to Call: ___ Morning ___ Afternoon ___ Evening

Email _____

If you are a **STUDENT**, please indicate your grade/year _____ and the school/University you attend _____

I would like to volunteer at ___ **Madonna Meadows** ___ **Madonna Towers** ___ **Madonna Summit**

Interests/Skills:

___ Administrative/Office

___ Exercise

___ Journalism/Newsletter

___ Arts/Culture

___ Finance/Business

___ Liturgical/Pastoral

___ Culinary

___ Fundraising

___ Maintenance

___ Computers

___ Games

___ Photography

___ Community Projects

___ General Cleaning

___ Receptionist

___ Crafts

___ Greeter

___ Sales Events

___ Decorations

___ Health

___ Special Event Planning

___ Trips/Outings

Other (please list) _____

Time Available: Please check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

We are FLEXIBLE! Please identify your level(s) of commitment.

_____ Weekly _____ Monthly _____ Occasionally _____ One-time _____ On-Call

Tell us about yourself! What do you enjoy doing?

Ethics and Code of Conduct:

I agree to follow all Madonna Living Community Ethics and Code of Conduct policies as presented and discussed in the volunteer orientation.

WE ARE REQUIRED BY LAW TO ASK THE FOLLOWING QUESTIONS:

Some volunteer positions at the Madonna Living Community require criminal history information. You will be notified if further information is required. A conviction does NOT automatically disqualify you. Have you ever been convicted for a violation OTHER than a minor traffic offense? **YES NO**

If answering **YES**, what was the date and nature of the offense? _____

Emergency Contact Name: _____ Relationship _____

Phone Number: _____ Phone Number: _____

By submitting this application, I hereby authorize Madonna Living Community to perform e.g., criminal history check, etc...of any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the volunteer position I am applying for. I release Madonna Living Community of any liability for use of this information in considering and reviewing my application.

Signature

Date

Parent/Guardian Signature (If applicant is under 18)

Date

Thank you for your interest in the Madonna Living Community!

Please return this form to the **Robin Stearns, Volunteer Coordinator**
4001 19th Avenue NW, Rochester, MN 55901 Phone: (507) 206-2211
robin.stearns@bhshealth.org