



SANFORD
Volunteer Application

Applicant Information

Full Name: Last First M.I. DOB:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Have you ever volunteered for Perham Health? YES NO If yes, when?

Emergency Contact: Emergency Contact's Relation:

Emergency Contact's Phone:

Volunteering Area & Availability

Please rank your top three areas you would like to volunteer using 1-3 (1 = 1st choice)

- Perham Living Gift Shop, Unique Boutique, Perham Living Activities, Courtyard of Caring, Other, Perham Living Chapel, Perham Health Greeter, Perham Living Adopt-a-Household, Perham Health Information Desk, Adult Day Services/Northwinds Memory Care

Select the days and times that you are available to volunteer

- Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Morning (8:30am - 12:30pm), Afternoon (12:30pm - 4:30pm)

Disclaimer and Signature

I certify that the information given by me in this application is true and complete. I understand that any false information, misrepresentation or concealment of fact is sufficient ground for my immediate discharge by Perham Health.

I understand upon agreement of this application I will receive an electronic background check by way of fingerprinting.

Perham Health is an Equal Opportunity Employer and expressly prohibits any form of unlawful volunteer harassment based on race, color, religion, gender, sexual orientation, national origin, age, disability or veteran status.

Signature: Date:

Please contact the Perham Health Volunteer Coordinator, Maggie Fresonke, if you have any questions. Phone: (218) 347-1887 Email: maggie.fresonke@perhamhealth.org

Send completed application to Perham Health Attn. Volunteer Coordinator, 1000 W Coney St., Perham, MN 56573 or send via email to maggie.fresonke@perhamhealth.org.