

Volunteer Application Form

All Volunteers who provide direct care support to Residents of a Minnesota Veterans Home or may have individual contact with a Resident are required to complete a DHS background study and have completed a full series of the COVID-19 vaccine. All Volunteers are required to comply with agency and facility policies and procedures, including those relating to infection control protocols.

Minneapolis	5101 Minnehaha Ave. S.	Minneapolis, MN 55417	(612) 548-5731
Silver Bay	56 Outer Drive	Silver Bay, MN 55614	(218) 353-8700
Hastings	1200 East 18th St.	Hastings, MN 55033	(651) 539-2442
Luverne	1300 N. Kniss Ave	Luverne, MN 56156	(507) 283-6200
Fergus Falls	1821 N. Park St.	Fergus Falls, MN 56537	(218) 321-2500
		Minnesota Relay Service	1-800-627-5329

Full Individual or Group Name and other names associated

Address	City, State, Zip
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Month/Day of Birth (if under 18, month/day/year)	Phone	Email Address
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Days and hours available

Have you served in the military?	If yes, which branch?	List any Organizational Memberships (i.e., VFW, Am Legion)
Yes No		

Have you received the full series of COVID-19 Vaccine?
Yes No

List any relevant previous paid or volunteer experience

Do you have any skills or interests you would like to share with our Residents?

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Volunteer Application Form PAGE 2

Do you have any limitations which would affect your ability to perform certain volunteer jobs?

Why do you want to volunteer at the Minnesota Veterans Home?

References (2 - 3 names and contact information):

Reference #1

Reference #2

Reference #3

Emergency Contact Name

Phone

I verify that all the information is true, complete and correct, and I understand that if it is not, I am disqualifying myself for a volunteer position.

I also understand that I am applying for a volunteer position and that this is not an application for employment. I further agree that as a MVH volunteer, I will not accept any payment for my services. I will also take required training where applicable.

Applicant's signature _____ Date _____

Youth under the age of 18 years require parental consent to volunteer.

Applicant's signature _____ Date _____

