



Sauer Health Care

Bringing Quality and Comfort Together

Volunteer Application

Information provided on this application will be used to help us find the most rewarding volunteer service for each individual. Please fill this out as accurately as possible.

All information submitted will be kept confidential.

Please Note: State law requires that people who will provide services to children and vulnerable adults, in certain health and human service and child care settings, have a background study completed by the Minnesota Department of Human Services (DHS). This includes being finger printed and photographed at a designated location within 14 days of submitting this application. Please see the last page of this application for more information.

****A TST test for tuberculosis screening will be required for volunteers working 5 or more hours a week****

*****Is this court ordered volunteer work? _____** If yes, we apologize but we are unable to accommodate your hours due to the vulnerable adults in our facility. We will run background checks on all volunteers before they may begin volunteering.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work/Cell: _____

E-mail Address: _____

Current Employment/Experience

Currently Employed: Yes No

Employer: _____ Position: _____

Currently a Student: Yes No School: _____

Describe briefly any experience you have had with Nursing Homes or Older Adults:

Previous Volunteer Positions: _____

Volunteer Preference

Availability: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Morning Afternoon Evening

How many hours a week would you like to commit? _____

What are you most interested in assisting with while volunteering here at Sauer Health Care?

Check all that apply

- Resident Life:** Bingo, Cards, Ice Cream Pass, Cookie Cart, Sing Along, Parties and Events, Visiting, Cards, etc.
- Facility Helpers:** Sewing/mending projects, beauty shop or dining room attendant, filing or answering phones
- Green Thumbs & Building assistants :** Watering plants, gardens, decorating, painting
- Fundraisers:** Organizing or assisting with events which raise awareness of facility or raise money for special needs of the facility or residents

Other Special Skills or Interests:_____

Community Affiliations (church, clubs, etc.)_____

Level of Supervision:

- Independent (I would like to work independently, visiting with residents, creating my own volunteer schedule with proper notice or feel comfortable leading (alone or with other volunteers) resident activities.
- Minimal Supervision (I would like recreation staff to be available to answer questions, introduce me to residents, give direction of special projects, assist with activities)
- Complete Supervision (Recreation staff members would guide and assist my volunteer service each time. This applies for any volunteer under the age of 18)

Class Required Volunteer Service (only applicable if volunteer hours are required for school or university course)

School:_____

Class:_____

Teacher:_____ Hours Required:_____

Signature:_____ **Date:**_____

Under 18 needs guardian signature: _____ Date:_____



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Sauer Health Care is required to conduct background checks on all applicants that have been offered a position as part of our pre-employment process or who are volunteering at our facility. **During this process you will be asked to complete fingerprinting and photo identification at a participating location.** Please complete the following:

Full Name (including middle name): _____

Other first names you have used: _____

Other last names you have used: _____

Position being considered:

Birthdate: _____

Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____

Previous Address: (last 5 years)

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____

MN Drivers License/MN State ID Number:

(Only if MN DL): _____

*Note: A copy of your state issued ID/driver's license is needed at the time this form is returned.

Gender: Male Female Choose not to disclose

Race (optional): White (not Hispanic or Latino) Black or African American
Hispanic or Latino Asian Native Hawaiian or Other Pacific Islander
American Indian or Alaskan Native Two or more races (not Hispanic or Latino)

Privacy Notice: Your privacy rights are outlined in a separate notice entitled "Background Study Privacy Notice". It is available to you upon request from the HR dept at Sauer Health Care or by calling 651-296-3971 (voice) or 651-282-6832 (TTY).



Minnesota Department of **Human Services**