

Additional comments, skills, training you feel pertinent to your application: _____

How did you learn of the New Ulm Medical Center volunteer program? ___ Self ___ Media ___
Medical Center staff person ___ Medical Center volunteer ___ Community Agency ___
___ Patient ___ School/College ___ Other (specify) _____

Personal/Professional Reference

IMPORTANT: Please enclose a letter of recommendation or complete the reference below. Applications without a reference contact will not be considered. (References may not be a relative.)

Name: _____ Phone: _____

Volunteer Health Record

Volunteers are required to provide some basic health information before beginning service. New Ulm Medical Center policy requires proof of the following: RUBELLA immunity (German measles), RUBEOLA immunity (red measles), MUMPS immunity.

Have you had: (Please attach a copy of immunization record-if available)

Chicken Pox Y N If yes, at approximately what age: _____ Are you certain? Y N

MMR (measles, mumps & rubella) Immunization Date: _____

Do you have any disabilities that might limit your volunteer duties? This information will be used to help with appropriate volunteer placement. _____

Physician's name: _____ Phone: _____

The information in this application is accurate and correct to the best of your knowledge. Your signature indicates your approval for us to verify references provided.

Failure to fully and truthfully complete this application may result in denial of volunteer service or termination from the service.

New Ulm Medical Center Volunteer services in not obligated to provide placement nor are you obligated to accept the position offered.

Signature: _____ Date: _____

New Ulm Medical Center is committed to Equal Opportunity Volunteer Placements

**Return to: Volunteer Coordinator
New Ulm Medical Center
PO Box 577, New Ulm, MN 56073
507-233-1180**