



FRANCISCAN SISTERS

OF LITTLE FALLS, MINNESOTA

Application for Volunteer Services

1. Name _____
2. Home Address _____
City _____ State/Zip _____
3. Telephone# _____ Birth.Date _____
4. Social Security # _____ Drivers License # _____
(optional) (optional)
5. Email _____
6. Previous Work Experience
 - a. As a Volunteer _____
 - b. Other _____
7. Present Occupation _____
8. Education/Training _____

9. Hobbies and Special Interests _____

10. Please explain limitations to be considered in your volunteer placement. _____

11. Have you ever been convicted of a felony, misdemeanor, substantiated incident(s) of abuse or neglect of children/vulnerable adults? **D** Yes **D** No
If yes, describe in full _____

12. Counties lived in during past 5 years. _____

(Over)

13. Name and phone # of person to contact in case of illness on duty

Name _____ Phone# _____

Doctor _____ Phone # _____

14. Area of work preference _____

15. Who referred you to us _____

16. Days/Hours Preferred (Days or Evenings)

Monday-Friday _____ Saturday/Sunday _____

17. Date available to start volunteering _____

18. References: Please list two references from past work or volunteer experiences.

1) Name _____ Phone# _____

2) Name _____ Phone# _____

I certify that the information contained in this application is correct and completed to the best of my knowledge. I give permission for my references to be contacted.

Applicant Signature _____ Date _____

Photo/Model Release Form

I, _____*, hereby release the Franciscan Sisters of Little Falls, Minnesota, from any responsibility inherent in the use of my photograph(s) in their internal or external publication, or by the release of them to the press, for use in magazines, on the internet, etc. I acknowledge that the Franciscan Sisters of Little Falls, Minnesota, purpose in using the photo(s) is/are to promote the mission and ministry of the Congregation. I understand I will receive no monetary compensation regarding the use of this/these photographs.

Signed _____

Parent or Guardian of _____

Date _____

**This form must be signed by a parent or guardian if the applicant is 18 years of age or younger.*



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Volunteer Health History

Name (please print): _____ Dept./Area: _____

You are asked to review the following health history screening in order to assure St Francis Convent and also to protect you from any health/physical conditions which may impact you during the time spent at St Francis. Please answer the following to the best of your knowledge.

YES	NO	GENERAL	YES	NO	SPECIFIC TO TUBERCULOSIS
		Back sprains/strains, disc herniation or back surgery			Cough longer than 2 weeks
		Shoulder/neck/whiplash injuries			Bloody Sputum
		Arm/elbow injuries/fractures			Night Sweats
		Hip, knee, ankle injury/fractures			Loss of weight/appetite
		Abdominal surgeries/hernias			Fever
		Arthritis/bursitis history			History of exposure to
		Hand numbness, tingling, carpal tunnel			Travel to foreign country
		Diabetes (Type I or II)			History of positive mantoux
		Epilepsy/seizures/fainting			History of chest pains
		Pacemaker/cardiac problems/ill h BP			SKIN CONDITIONS
		Bleeding/clotting disorders			Dermatitis,eczema
		Accommodations needed for vision, hearing, reading, writing			Allergies (bee sting, latex, cleaning products,perfume,environmental)
		Any restrictions current or past injury or illness that would involve bending, stooping, lifting, push/pulling, carrying, twisting, turning, stairs			Open sores/sores non-healing
					Hepatitis ABC
					Jaundice/yellowing of skin

Explain: _____

Immunization History: (list appropriate dates if known)

Mantoux _____ DT (tetanus) _____ Hepatitis B Vaccine _____

The above information is true and accurate to the best of my knowledge. I grant permission for St. Francis Convent to review this history and I consent to receive the mantoux screening test for tuberculosis as federal guidelines require if I have direct contact with people in the St. Francis kitchen or Clare Residence.

Signature _____

Date _____

Mantoux: _____ Date Given: _____

Result: _____

Comments:

(over)