

# Volunteer Application



**Brookings**  
HEALTH SYSTEM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Availability for Volunteer Assignment: MON  TUES  WED  THUR  FRI  SAT  SUN

Times Available: \_\_\_\_\_

Length of Commitment: Days: \_\_\_\_\_ Months: \_\_\_\_\_ Years: \_\_\_\_\_

### Area of Interest:

- ❖ Information/Wayfinding
- ❖ Gift Shop
- ❖ Inpatient Care: 2:00-6:00 PM Daily
- ❖ Labor or Postpartum Doula (Need to be able to commit to two 12 hour shifts or one 24 hr shift per month)
- ❖ New Beginnings Baby Café: Tuesdays 5:00-7:00 PM   
Thursdays 1:30-3:30 PM
- ❖ Hospice (Need to commit to one year of volunteer service)
- ❖ The Neighborhoods at Brookview (Skilled Nursing Home): Monday-Friday 9:30-11:00 AM   
Monday-Friday 1:30 - 4:00 PM

Currently a member of: RSVP  VSB  BHS Auxiliary

Comments: \_\_\_\_\_

### Volunteer Statement:

I voluntarily offer my services with a clear understanding that there is no monetary compensation. I will endeavor to conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality. I will observe all Brookings Health System regulations. I will, if requested, submit to examinations, appropriate laboratory tests, and/or immunizations that may be necessary as part of my volunteer services.

I understand that the CEO, Human Resources, or Department Director of the respected department in which I will be volunteering services reserves the right to terminate my volunteer status for reasons which include, but are not limited to (1) failure to comply with Brookings Health System policies, rules and regulations: (2) absences without prior notification: (3) unsatisfactory attitude, work or appearance: or (4) any other circumstances in which disciplinary action has been taken and specified response disregarded.

Print Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for your interest in Volunteering at Brookings Health System***

Submit to: [volunteer@brookingshealth.org](mailto:volunteer@brookingshealth.org)  
Attn: Volunteer Coordinator  
300 Twenty-Second Ave.  
Brookings, SD 57006  
(605) 696-9000