

Volunteer Application



Brookings
HEALTH SYSTEM

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Employer/School: _____

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

Times Available: _____

Length of Commitment: Days: _____ Months: _____ Years: _____

Area of Interest:

Gift Shop

Inpatient Care: 4 – 6 p.m. Daily

Doula

New Beginnings Baby Café

Hospice (Need to commit to one year of volunteer service)

The Neighborhoods at Brookview (Skilled Nursing Home): Monday – Friday 9:30 – 11 a.m. Monday – Friday 1:30 – 4 p.m.

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: _____

Submit to: volunteer@brookingshealth.org

Attn: Volunteer Coordinator
300 22nd Ave.
Brookings, SD 57006
(605) 696-9000

***Thank you for your interest in volunteering
at Brookings Health System.***