

Volunteering with Sanford Aberdeen

Why should I be a Sanford Health Volunteer?

People give their time for many reasons. Some are former Sanford patients or employees. Others are retired and looking for meaningful ways to spend their time. Some want to make new friends, some are considering a career in healthcare and others want some practical experience. Though their motivation is different, they all possess the qualities that make our volunteers so special.

A little bit of your time makes a big difference.

Remember, it only takes a moment to lend a hand or to have a positive impact on someone else's life. But the effects of one moment can last a long, long time.

Qualifications:

Our volunteers assist in many, many ways. We try to accommodate your interests and talents while keeping in mind the needs of our health system.

We ask that you come to us with:

- A positive attitude about service.
- An ability to learn and follow direction.
- The desire to commit to a volunteer position.

We require that:

- Volunteers are at least 16 years old, some positions require a minimum age of 19 years old.
- Able to communicate clearly in English.
- We cannot accept volunteers who are meeting court-mandated community service hours.

How do I become a Volunteer?

We require volunteers to complete the following qualification process:

- Application
- Interview
- Background check
- Updated vaccination record including: MMR and Chicken Pox.
- Blood Draw
- Flu Shot
- Orientation

The next step is up to you!

Once the Volunteer Office receives your application, you will be contacted for an interview.

Sanford Aberdeen Volunteer Application

Name: _____

Address: _____ City/State/Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: _____

How would you like us to contact you? Email: _____ Phone: _____

Do you belong to the Retired Senior Volunteer Program? Yes: _____ No: _____

Availability

Please indicate the days and times you are usually available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

My availability is:

From (list month, day and year): _____

To (list month, day and year): _____

Assignment Preference (Check all that apply):

Clinic Greeter: _____

Emergency Entrance Greeter: _____

Imaging Department Greeter: _____

Café Hostess: _____

Current Academic Status:

Name of School: _____

Year in School: _____ Area of Study: _____

Anticipated Graduation Date: _____

Previous Volunteering Experience:

Special training, skills, or experience:

Current Employer: _____

Why would you like to volunteer with Sanford Aberdeen? _____

Reference 1:

Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Reference 2:

Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Completed applications can be sent to:

Sanford Aberdeen Medical Center

Attn: Volunteer Office

2905 3rd Ave. SE

Aberdeen, SD 57401

Phone: (605) 626-4210

Fax: (605)626-4211

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