



**Ave Maria Village**

*SMP Health System*

501 19th Street NE  
Jamestown, ND 58401

Phone: 701-252-5660  
Fax: 701-251-2643

## Volunteer Application

Name: \_\_\_\_\_ Date of Birth (mm/dd): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### **Emergency Contact:**

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

Phone number(s): \_\_\_\_\_

### **Preferences and Interests:**

Availability:

\_\_\_ Year Round \_\_\_ Summer Only \_\_\_ Winter Only \_\_\_ Other: (please specify) \_\_\_\_\_

Do you prefer: \_\_\_ Working with residents \_\_\_ Office Work \_\_\_ Working with pets \_\_\_ No preference

\_\_\_ Other (please specify): \_\_\_\_\_

What are some of your interests/hobbies/skills? \_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of a crime other than a minor traffic violation?** \_\_\_ Yes \_\_\_ No

If yes, please explain the nature of the offense: \_\_\_\_\_

**Have you lived or been out of the country within the last 6 months?** \_\_\_ Yes \_\_\_ No

If yes, where: \_\_\_\_\_

**I certify that the statements made in this volunteer application are true and correct. I understand that I will not be paid for my services, as this is strictly volunteer work. I consent to a background check.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use Only*

Interview date: \_\_\_\_\_

Gen. Orientation: \_\_\_\_\_

Pos. Orientation: \_\_\_\_\_

Background: \_\_\_\_\_