

**Community Memorial Hospital Auxiliary**  
512 Skyline Blvd.  
Cloquet, Minnesota 55720  
218-879-4641, ext 7142

Thanks so much for your interest in being a volunteer here at Community Memorial Hospital. Our volunteers are a very important part of our service. We appreciate the opportunity to include you, as we do our best to meet the medical needs of people in our community.

There are a few steps to take before getting you on the volunteer roster. I have checked the steps that apply to your area of interest. Please return your papers by mail in the self addressed envelope or bring them directly to the Volunteer Office on 1st floor by the Gift Shop when you are in the building.

\_\_\_\_\_ Interview with Jennifer Call 879-4641 x7142 for appt.

\_\_\_\_\_ Welcome Day/HIPPA Video  
(Held every other Monday at 10:00 am -- Ground Floor Pine Room)

\_\_\_\_\_ Background Search (enclosed – return on Welcome Day)

Thanks again for being willing to go through the Volunteer Orientation process. We hope to make a good match for your interests and availability. Please stay in touch and don't hesitate to call if you have questions or wish to speed the above process along.

We look forward to having you as a regular member of our team.

Sincerely,

Jennifer Stay  
CMH Volunteer Coordinator

# Application to Volunteer at CMH

Please Print Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

When is the best time of day to contact you?

\_\_\_\_\_

When would you like to volunteer?

Frequency \_\_\_\_\_

Day (s) of week \_\_\_\_\_

Time of day \_\_\_\_\_

Length of day \_\_\_\_\_

What would you prefer to do while volunteering?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Return this for in person or by mail to  
**Jennifer Stay, Community Memorial Hospital**  
**512 Skyline Boulevard, Cloquet, MN. 55720**

Or fax to 218-879-9167, Attn: Volunteer Office



Community Memorial Hospital  
 Sunnyside Health Care Center  
 It's a new era in regional healthcare

## BACKGROUND CHECK

This form enables Community Memorial Hospital to do a background check on you. Your privacy rights are outlined on the back of this form. It is also available from CMH's Human Resources Department or the MN Department of Human Services by calling 651-296-3971 (voice) or 651-282-6832 (TTY).

**Please print clearly. Items marked with an asterisk (\*) are optional. All other information is required.**

|   |  |
|---|--|
| First Name:   |  |
| Middle Name:  |  |
| Last Name:  |  |
| Birthdate:  |  |
| Social Security:  |  |
| Drivers License:  |  |
| Gender:   |  |
| *Race:  |  |
| *Telephone:   |  |
| Address:  |  |
| City:   |  |
| State & Zip:  |  |
| Other first names used:   |  |
| Other last names used:<br>(such as maiden name<br>or former married name) |  |

By signing below the prospective employee consents to allow Community Memorial Hospital to conduct on background study in accordance with the Background Study Policy.

|              |           |      |
|--------------|-----------|------|
| Printed Name | Signature | Date |
|--------------|-----------|------|

MINNESOTA DEPARTMENT OF HEALTH LICENSED FACILITIES

SUPPLEMENTAL NURSING SERVICES AGENCIES, EDUCATIONAL PROGRAMS, TEMPORARY EMPLOYMENT AGENCIES,  
PROFESSIONAL SERVICES AGENCIES

BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, section 144.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes, board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of a supplemental nursing services agency; and all other employees in nursing homes. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with (and, where applicable, access to) persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.

4. Known consequences that will arise from refusing to supply the requested information: Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact with (and, where applicable, access to) persons receiving services.

5. Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.