



# STEVENS COMMUNITY MEDICAL CENTER

400 E. First Street

Morris, Minnesota 56267-0660

Phone (320) 589-1313

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## Volunteer and Shadowing Application Form

Full Name (first, middle, last) \_\_\_\_\_

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

Permanent Address:  Check if same as Mailing \_\_\_\_\_

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

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

Have you ever worked at Stevens Community Medical Center or Courage Cottage? YES / NO

Are you applying to shadow? YES / NO

If yes, please tell us the type of provider you hope to work with and any hour requirements:

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Are you interested in volunteering at SCMC? YES / NO

**Availability** Please check all of the times you are available to volunteer or shadow:

- Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday  
 Morning    Afternoon    Evening

**Volunteer Interests** Please check all that apply:

- Gift Shop    Ambassadors    Clerical Work  
 Patient Escort    Courage Cottage    Fundraising

Please return this form to:

Stevens Community Medical Center  
Attn: Outreach Coordinator  
400 E. First Street  
Morris, MN 56267

Phone: 320-208-7803

Email: [acole@scmcinc.org](mailto:acole@scmcinc.org)

*Email is not generally considered to be secure*