



STEVENS COMMUNITY MEDICAL CENTER

400 E. First Street

Morris, Minnesota 56267-0660

Phone (320) 589-1313

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:

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: sbackman@scmcinc.org

Email is not generally considered to be secure