



# FAIRVIEW

## Fairview Ridges Hospital

Dear Prospective Volunteer,

Thank you for your interest in volunteering at your community hospital! One of the requirements for becoming a Fairview Ridges Hospital volunteer is to attend a **hospital orientation** that will acquaint you with the hospital setting and the Junior Volunteer Program.

Orientations will be held in **the hospital's conference rooms A & B** on:

<b>Tuesday, November 10, 2009</b>	<b>6:00pm to 8:30pm</b>	<b>Tuesday, January 12, 2010</b>	<b>6:00pm to 8:30pm</b>
<b>Monday, March 1, 2010</b>	<b>6:00 pm to 8:30 pm</b>	<b>Monday, May 17, 2010</b>	<b>6:00 pm to 8:30 pm</b>
<b>Monday, June 14, 2010</b>	<b>6:00 pm to 8:30 pm</b>		

For your convenience, an Employee Health nurse will be available before the orientation (**5 to 6 pm**) to perform *health screenings* and give *Mantoux (TB) tests*. **A parent or guardian needs to be present during this assessment** and can leave once the orientation begins. You also need to bring the following:

- **Proof of your immunizations with dates (2 MMR's and chicken pox). Please bring a copy for us to keep.**

If you are not able to attend or complete the screening on the orientation date, please call Employee Occupational Health Services at (612) 672-7171 to schedule a health assessment appointment at Fairview Ridges Hospital.

Please **fill out and return** the bottom portion of this letter to Volunteer Services for orientation registration. If you have questions, please contact me at (952) 892-2193.

See you at orientation!

Sincerely yours,

Mona Wagner, Manager  
Volunteer Services




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### JUNIOR VOLUNTEER ORIENTATION REGISTRATION

Space is **limited**, so respond quickly! **Please PRINT!**

I will attend the following orientation:

**Return this bottom portion with your application.**

- |  |                    |  |                    |
|--|--------------------|--|--------------------|
| <input type="checkbox"/> Tuesday November 10, 2009 | 6:00 pm to 8:30 pm | <input type="checkbox"/> Tuesday, January 12, 2010 | 6:00pm-8:30pm      |
| <input type="checkbox"/> Monday, March 1, 2010     | 6:00 pm to 8:30 pm | <input type="checkbox"/> Monday, May 17, 2010      | 6:00 pm to 8:30 pm |
| <input type="checkbox"/> Monday, June 14, 2010     | 6:00 pm to 8:30 pm |  |                    |

- I will be there at **5 pm to complete my Health Screening.**  
**A parent or guardian will attend with me and I will bring my signed health assessment form and proof of immunizations.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_