Dear Volunteer,

We are excited that you are returning/joining the volunteer program at Ridgeview!

In order to keep everyone safe, and in accordance with the CDC and MN Department of Health guidelines, we need to continue to do whatever we can to slow the spread of Covid-19. For this reason Ridgeview is requiring that volunteers provide proof of Covid vaccinations prior to resuming or starting as a volunteer in any Ridgeview facility.

Please indicate below that you have received the Covid-19 vaccination(s) and return this form to Volunteer Services:

☐ I received the COVID-19 vaccination, doses 1 and 2.

I received vaccination(s) at:

_____

Location (example: Ridgeview, Lakeview, Waconia vaccination event, etc.) City

Date of 2nd vaccination _____
Month/Day/Year

Name: _____
(Print)

Volunteer Signature: _____ Date: _____

By signing this form I attest that the information provided above is true, complete and correct to the best of my knowledge and belief. If requested II will be able to provide any required documentation.

Thank you for your cooperation and prompt attention. If you should have any questions please contact Volunteer Services at 952-777-4190 or volunteers@ridgeviewmedical.org.

With gratitude,

Lisa Steinbauer
Director, Volunteer Services