



## VOLUNTEER APPLICATION

**PLEASE PRINT**

Today's Date: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_  
For Volunteer Services use only.

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Name/Relationship \_\_\_\_\_

Special training, skills, or interests: \_\_\_\_\_  
\_\_\_\_\_

Do you speak a foreign language?  No  Yes; explain: \_\_\_\_\_

Community Affiliations: \_\_\_\_\_  
\_\_\_\_\_

**Referred by (name):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Personal Reference (name):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Area(s) of Volunteering Interest:**

- Patient Services (Reception/Escort, Respite Care, "Lend an Ear" Volunteer, etc.)
- Community Outreach (Tele-Care Callers, Blood Drives, Appointment Reminder Calls, etc.)
- Fundraising (Holiday Tea, Love Light Program, Vendor Sales, etc.)
- Other (Office Work, Telephoning, Knitting, Sewing, Cardmaking, etc.)
- Committee (Orientation, Scholarships, etc.)

Days of the Week Available: \_\_\_\_\_

Times of the Day Available: \_\_\_\_\_



## VOLUNTEER APPLICATION

Reason for Volunteering: \_\_\_\_\_

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How did you hear about our Volunteer Program? \_\_\_\_\_

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I understand and agree that at no time will any information regarding patients be revealed to anyone other than those authorized to receive it. I understand that the giving of the information concerning a patient to those not authorized to receive information is unlawful and shall be sufficient cause for my immediate dismissal.

I agree to any necessary health screening required and understand my volunteer assignment is contingent upon successful completion of this screening, completing any necessary immunizations, and attending orientation.

I understand that any false statements made as a part of this application may be considered sufficient cause for dismissal.

I authorize permission for all named references and educational institutions to release personal and professional information to the Volunteer Services office. I also consent to an annual police record search and a Department of Motor Vehicles check. I further release Black River Health, Black River Falls, WI, as well as those supplying said information from any and all liability from these investigations.

I UNDERSTAND THAT IF ACCEPTED AS A VOLUNTEER I WILL ABIDE BY THE GENERAL POLICY CONCERNING CONFIDENTIALITY. My assignment is on a probationary basis for a period of 70 days. I voluntarily offer my services with a clear understanding that there is no monetary compensation. I will observe all mandatory regulations.

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**Applicant Signature**

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**Date**

### FOR VOLUNTEER SERVICES TO COMPLETE

Interview Date: \_\_\_\_\_

Date Application Received: \_\_\_\_\_