

References

List three people we may contact for a reference.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of an emergency, please notify:

Name _____ Phone _____

Address _____ Relationship _____

I certify that the answers given on this application are true and complete to the best of my knowledge.

I authorize the Aurora Visiting Nurse Association of Wisconsin to act as my agent in obtaining information from any person or company concerning myself, without liability to such person or company, or to the Aurora Visiting Nurse Association of Wisconsin.

I understand that if, in the judgment of the Aurora Visiting Nurse Association of Wisconsin, any information has been misrepresented, falsified or omitted, any offer of a volunteer position may be withdrawn or any volunteer position terminated without obligation or liability on the part of the Aurora Visiting Nurse Association of Wisconsin.

I understand that I am required to abide by all rules and regulations of the Aurora Visiting Nurse Association of Wisconsin.

Signature _____ Date _____



Hospice Volunteer Application Form

Volunteer Application Form

Thank you for your interest in becoming a Volunteer. The purpose of this application form is to help us get to know you and assist us in making appropriate volunteer assignments. To achieve the best possible assignment of volunteers, it is necessary to ask some personal and private questions, but all information is kept confidential.

Date _____

Name _____
First MI Last

Address _____

City _____ ZIP _____

Home Phone _____ Cell Phone _____

Email _____

Occupation

If employed, may we call you at work? Yes No If yes, work phone _____

Employment History

Employer	Dates	Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education (List schools attended)

Name of School	No. of Years	Major/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Experience

Organization	Dates	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you experienced a loss of a loved one within the last year? Yes No

Other skills, experience, or qualifications (homemaking, crafts, foreign language, computer):

Why do you want to become a Volunteer with the Aurora Visiting Nurse Association?

How did you hear about our Volunteer program?

List any past experience that would enrich your volunteer activities (i.e., caring for a relative, hospice situation, etc.):

Have you ever been convicted of a crime? Yes No

Do you have any criminal charges pending against you or were you ever convicted of (or plead no contest or nolo contendere to) any crime or offenses including: felony, misdemeanor, municipal ordinance violation or tribal court conviction? Yes No

If yes, list each and attach an explanation _____

Please specify the area(s) you wish to serve as a Volunteer

- Patient Support
- Office Work
- Clergy
- Public Speaking
- Special Events
- Bereavement Care
- Homemaking
- Meal Preparation
- Gardening
- Errands
- Family Support

Do you have a valid driver's license? Yes No Driver License # _____

Do you have access to a vehicle? Yes No

Do you have insurance on your vehicle? Yes No

Auto Insurance Provider _____

Policy Number _____

Medical Professional/Skilled Care

- RN
- LPN
- Nursing Assistant
- Social Worker
- PT/OT/ST
- Other (please specify) _____

If willing to provide professional or skilled services, please state your current license or registration number:

Indicate the days and times you are able to volunteer

- Days
- Evenings
- Nights
- Weekends
- Weekends Only
- Varies