



Volunteer Application

Name: _____ Date: _____
Last First MI

Address: _____
Street Town Zip

Email address: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Information: _____
Name Telephone

Education/Special Training/Certifications

High School College Graduate School Area of study: _____

Specialized Training/Certifications: _____

Employment Are you currently employed? Yes ___ No ___

Name of Employer: _____ Position: _____

Work History: _____

Volunteer Experience: _____

Why do you want to be a volunteer with our organization?

Areas of Interest

Check any that apply:

Clerical/Administrative _____

Special Events/Fundraisers: _____

Community Health/Wellness _____

Maternal Child Health _____

Availability

What days and times are you available to volunteer? (Check any that apply)

Weekends _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Mornings 9am - Noon _____ Afternoons 12:30pm - 4:30pm _____

Number of hours per week you are available: _____

References: Please provide two personal reference who are not family members.

Name: _____ Phone _____

Email _____ Address _____

Name: _____ Phone _____

Email _____ Address _____

Have you been convicted of a felony? Yes No

If yes, please explain _____

I hereby state that all information furnished herein is true and constitutes a full and complete disclosure of information requested. In volunteering my services to Visiting Nurse Home & Hospice, I understand that by submitting this application I authorize inquiries to be made concerning my suitability as a volunteer.

Applicants Full Name: _____

Date: _____

Email completed form to: lcoble@visitingnursehh.org