



## Aspirus Volunteer Application Form

Please complete this application form if you are interested in becoming an Aspirus Volunteer.

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### Your Information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_  Ok to call me here

Cell phone: \_\_\_\_\_  Ok to call me here

Date of birth (*year optional*): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: \_\_\_\_\_

Email address: \_\_\_\_\_

May we contact you at the email listed?  No  Yes

If yes, what kinds of email would you like to receive?

Electronic newsletters

Our newsletter is sent to all volunteers electronically.

Recruitment appeals

Receive information on upcoming volunteer opportunities.

Informational

Stay informed on changes at Aspirus and with the volunteer program.

Invitation

Receive your invitations to Aspirus Volunteer events electronically rather than in the mail.

Checklist reminders

## **Volunteer Opportunities**

What volunteer opportunities are you interested in pursuing?

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## **Availability**

Please indicate when you are available to volunteer. We ask that volunteers commit to volunteering a minimum of once a week for six months or a minimum of 50 hours.

	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>
Morning:	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Afternoon:	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Evening:	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

## **Education**

List your highest level of education. If you are currently enrolled in school, please include the school you are attending and your anticipated graduation year.

Highest Level of Education:     Associate degree     Bachelor's Degree     Master's degree  
    Doctoral degree     High school  
    Some college     Trade/Vocational school

Current School (if applicable): \_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_

## **Veteran Status**

Are you a veteran?  No  Yes If yes, what branch? \_\_\_\_\_

## **Why Aspirus?**

How did you become interested in our program? Please explain why you have chosen to volunteer at Aspirus. What do you hope to gain by volunteering here?

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How did you hear about us?     Aspirus Employee     Media  
    Aspirus News     United Way Website  
    Aspirus Volunteer     Other \_\_\_\_\_

## **Professional License or Special Training**

List your skills and experience that you feel would be relevant to volunteering at Aspirus. For example, massage therapy, CNA, computer skills, music, working with children, etc.

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## **Community Involvement**

Please list organizations that you are involved in. Make sure to include volunteer experience, clubs, church groups, sports etc. Please list if you have had a leadership role in any.

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## **Employment**

List your 2 most recent employers.

Employer:		Employer:	
First & last name:		First & last name:	
Street address:		Street address:	
City & State:		City & State:	
Zip:		Zip:	
Work phone:		Work phone:	
Email address:		Email address:	
Employment dates:		Employment dates:	
Job responsibilities:		Job responsibilities:	

## **Emergency Contact**

In the event of an emergency, whom should we notify?

First & last name:						
Home phone:						
Work phone:						
Cell phone:						
Relationship						
Relationship:	<input type="radio"/> Spouse	<input type="radio"/> Daughter	<input type="radio"/> Son	<input type="radio"/> Parent	<input type="radio"/> Friend	<input type="radio"/> Neighbor
	<input type="radio"/> Niece	<input type="radio"/> Sister	<input type="radio"/> Co-worker	<input type="radio"/> Supervisor	<input type="radio"/> Other _____	

## **References - HOSPICE VOLUNTEERS ONLY**

If you are applying to volunteer in Hospice, please provide 2 references. References must not be related to you.

First & last name:		First & last name:	
Street:		Street:	
City:		City:	
State:		State:	
Zip:		Zip:	
Home phone:		Home phone:	
Work phone:		Work phone:	
Cell phone:		Cell phone:	
Email address:		Email address:	
Relationship:	<input type="radio"/> Co-worker <input type="radio"/> Supervisor <input type="radio"/> Friend <input type="radio"/> Neighbor <input type="radio"/> Clergy <input type="radio"/> Other _____	Relationship:	<input type="radio"/> Co-worker <input type="radio"/> Supervisor <input type="radio"/> Friend <input type="radio"/> Neighbor <input type="radio"/> Clergy <input type="radio"/> Other _____

## **I Agree**

**I understand and agree that submitting this application form does not automatically register me as an Aspirus Volunteer, and that there may be certain qualifications I must meet, including the acceptance of established Aspirus policies and procedures, health screenings, etc. before I may begin volunteering.**

**By submitting this form, I attest that the information I have provided is true and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Return to:***

Aspirus At Home  
C/O Volunteer Coordinator  
1101 Elevation Street  
Hancock, MI 49930  
906-337-5700

Aspirus At Home  
C/O Volunteer Coordinator  
N10561 Grand View Lane #2  
Ironwood, MI 49938  
906-932-2440

Aspirus At Home  
C/O Volunteer Coordinator  
1400 West Ice Lake Road  
Iron River, MI 49935  
906-265-6118