

REFERENCES:

Please list two NON-RELATIVE references.

Name (first and last): _____ Relationship: _____

Address: _____
Street/P.O. Box City State Zip

Phone: _____
Home Phone Cell/Alternate Phone

Name (first and last): _____ Relationship: _____

Address: _____
Street/P.O. Box City State Zip

Phone: _____
Home Phone Cell/Alternate Phone

WHERE DO YOU WANT TO VOLUNTEER?

Please check all opportunities that interest you.

Home Delivered Meals Driver – Must be 21 and older
Deliver hot, nutritious noon meals to recipients in the Wisconsin Rapids, Port Edwards, Nekoosa or Biron areas. About 11 a.m. to 12:30 p.m. weekdays as fits your schedule.

Volunteer Greeter – Must be 18 and older
Staff Aspirus Riverview Hospital’s West Medical Office Building Information Desk while providing excellent customer service to all customers. Greeters are scheduled for 4 hour shifts 8 a.m. to Noon or Noon to 4 p.m. weekdays as fits your schedule.

Hospital Escort – Must be 16 and older
Greet, direct and assist hospital patients and visitors. Escorts are scheduled for 4 hour shifts 8 a.m. to Noon or Noon to 4 p.m. weekdays as fits your schedule.

Gift Shop – Must be 16 and older
Greet and assist customers, process sales on Square POS System. Two shifts Monday – Thursday 9am – 3:30pm and Friday 10-2.

VolunTeen – Teenagers 16 and older
Greet, direct and assist hospital patients and visitors. VolunTeen Escorts are scheduled for two hour shifts weekdays from 4 p.m. until 6 p.m. as fits your schedule.

Lifeline Installer – Must be 18 and older
Install Lifeline personal response units in subscribers’ homes (about twice a month as needed). Installations take about 1 hour and are typically scheduled between 9 a.m. and 3 p.m. weekdays.

Aspirus Riverview Auxiliary
Auxilians help Aspirus Riverview by volunteering their time or organizing fund-raising events. Membership is open to all adults with an interest. Dues are \$10/year for active members (those who actively participate) and \$25/year for associate members (those who do not actively participate, but wish to identify with and lend moral support to the Auxiliary).

I understand and agree that submitting this application form does not automatically register me as an Aspirus Riverview Hospital and Clinics volunteer and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, completion of background information disclosure form, and health screenings before I may begin volunteering.

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

(Signature)

(Date)

Return to:
Aspirus Riverview Hospital
Attn: Volunteer Coordinator
410 Dewey Street
Wisconsin Rapids, WI 54494

