**VOLUNTEER APPLICATION FORM**

**Aspirus Riverview Hospital and Clinics**

Application Date: Available/Start Date:

Name (first and last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

Phone:

 Home Phone Cell/Alternate Phone

Email Address (if applicable):

Birth Date (required):

Driver’s License Number (required):

Have you ever been employed at Aspirus Riverview Hospital? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

**Emergency Contact Information:** In the event of an emergency, whom should we notify?

Name (first and last): Relationship:

Phone:

 Home Phone Cell/Alternate Phone

**HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?**

**BUSINESS, PROFESSIONAL OR VOLUNTEERS EXPERIENCE:**

Example: Computer skills, knitting, former RN, etc.

**PLEASE LIST ANY SPECIAL SKILLS AND/OR HOBBIES:**

Example: Foreign Language, Arts, Reading, etc.

**AVAILABILITY (Check all that apply):**

\_\_\_\_\_\_\_\_Mornings \_\_\_\_\_\_\_\_Afternoons

\_\_\_\_\_\_\_\_Monday \_\_\_\_\_\_\_\_Tuesday \_\_\_\_\_\_\_\_Wednesday \_\_\_\_\_\_\_\_Thursday \_\_\_\_\_\_\_\_Friday

\_\_\_\_\_\_\_\_Saturday \_\_\_\_\_\_\_\_Sunday **(OVER)**

**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

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Address:

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**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.

* **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.

* **VolunTeen – Teenagers 16 and older**

Greet, direct and assist hospital patients and visitors. VolunTeen Escorts are scheduled weekdays from 3:30 p.m. to 5 p.m. as fits your schedule.

* **Emergency Department – Must be 16 and older.** Greet patients and families in the Waiting Area, providing updates and escort service to patients, families, and visitors throughout the medical complex. (Weekdays from 10 a.m. to 2 p.m., 2 p.m. to 6 p.m., or 4 p.m. to 8 p.m., and weekends Noon to 4 p.m. as fits your schedule).
* **Cancer Center – Must be 18 and older**

Greet patients and families, offer ice water or coffee. Take and deliver lunch orders for patients receiving infusions and their guests. (Weekdays 10 a.m. to 2 p.m. as fits your schedule.)

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**