

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

# Your Information

First name:					
Nickname:					
Street 2:					
City:					
Zip:					
Home phone:	[	] Ok to call me here			
Cell phone:	[	] Ok to call me here			
Date of birth (year optional):	I				
Gender:					
Email address:					
May we contact you at the email listed? O No O 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?

## **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.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
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:	O Associate degree O Doctoral degree O Some college	O Bachelor's Degree O High school O Trade/Vocational sch	O Master's degree
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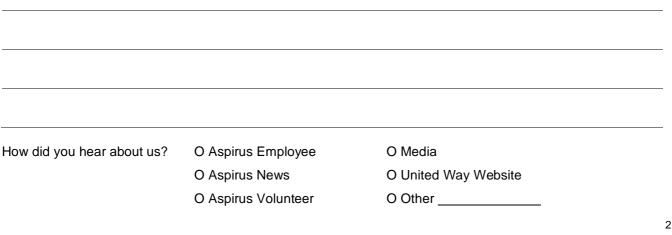
Current School (if applicable): \_\_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_

#### Veteran Status

Are you a veteran? O No O 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?



## **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.

#### **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.

# **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:	O Spouse O Niece	O Daughter O Sister	O Son O Co-woi	O Parent rker O	O Friend Supervisor	O Neighbor O 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:	O Co-worker O Supervisor O Friend O Neighbor O Clergy O Other	Relationship:	O Co-worker O Supervisor O Friend O Neighbor O Clergy O 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.

Return to:

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

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

Date:

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