

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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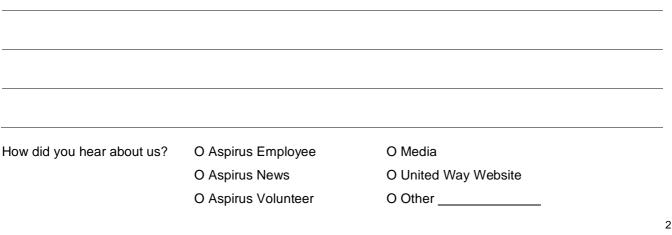
Current School (if applicable): ______ Anticipated Graduation Year: _____

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