

VOLUNTEER APPLICATION

Thank you for your interest in our Community Nurses Volunteer Program. Please complete this application and return it to Community Nurses, Inc., Volunteer Coordinator, 757 Johnsonburg Road, Suite 200, St. Marys, PA 15857. **All information supplied herein is confidential**



Community Nurses, Inc.
of Penn Highlands Elk

PERSONAL RECORD

Name: _____ Today's Date: _____ (mm/dd/yyyy)
Street Address: _____ City/State/Zip: _____
Date of Birth: _____ Have you served in the Military? Yes No
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email Address: _____
Drivers License #: _____ Car Insurance _____

Is it okay to identify Community Nurses when calling or leaving a message at your home/work/other phones?
Home: Yes No Work: Yes No Other: Yes No

Emergency Contact: _____ Phone: _____

EDUCATIONAL/SKILLS RECORD

Did you graduate from High School? Yes No
Did you graduate from College? Yes No
Vocational, Nursing, Business, or Graduate School? Yes No
Other training (including factory or office machines operated)?
Besides English, do you communicate in any other language(s)? Yes No
Do you have any special skills to share?

REFERENCES

Please list three personal references we may contact:

1. Name: _____ Phone: _____
Address: _____ City/St/Zip _____

2. Name: _____ Phone: _____
Address: _____ City/St/Zip _____

3. Name: _____ Phone: _____
Address: _____ City/St/Zip _____

Availability: Days Evenings Weekends Varies

How did you find out about our volunteer program? _____

What services would you be most interested in providing as a volunteer?

Hospice Yes No Camp Flutterbye Yes No Book Sale Yes No Memory Bears Yes No
Office/Clerical Yes No Senior Outreach Yes No Butterfly Release Yes No Other _____

Comments:

Have you ever been convicted of a felony? Yes No Have you ever been convicted of a misdemeanor? Yes No
If "yes" please explain. _____

(A misdemeanor or felony conviction will not necessarily disqualify you from being accepted as a volunteer.)

Signature _____ Date _____