



# North Central Health Care

Person centered. Outcome focused.

## VOLUNTEER APPLICATION

(For Office use only)

Assignment: \_\_\_\_\_

TB given \_\_\_\_\_ Pass/Fail

Photo ID badge received: \_\_\_\_\_

BID in HR \_\_\_\_\_ Pass/Fail

Driving Record Checked: \_\_\_\_\_

Self-test/Handbook \_\_\_\_\_ Pass/Fail

TB/photo/tour date: \_\_\_\_\_

Contact date: \_\_\_\_\_

### Personal Data

Date: \_\_\_\_\_

Miss, Mrs., Ms., Mr. (Circle One)

First Name, Middle Initial, Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Please indicate any volunteer work that you have done in the past: \_\_\_\_\_

Please indicate any special areas of knowledge or expertise and any degrees that you have that we should be aware of: \_\_\_\_\_

Why do you want to do volunteer work at this time in your life? \_\_\_\_\_

What type of volunteer work are you interested in? \_\_\_\_\_

Have you had previous contact with NCHC? Please describe: \_\_\_\_\_

Are you related to any client being served by the Facility? \_\_\_\_\_

Physical limitations, if any: \_\_\_\_\_

Please provide name and addresses of two references: (non-related)

1. \_\_\_\_\_

2. \_\_\_\_\_

In case of emergency, please call: \_\_\_\_\_

Send Completed application and background check to:

North Central Health Care, Volunteer Services Dept., 1100 Lake View Drive, Wausau, WI 54403.