



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

TB/photo date: _____ Self-test/Handbook _____ Pass/Fail

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: _____ Date of Birth: ____/____/____

Please indicate any relevant volunteer and/or work experience: _____

What type of volunteer work are you interested in? _____

Times Available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you need community service hours? Yes No For what reason? _____

Quantity of Hours: _____ Due By: _____

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

List any special accommodations needed for volunteering: _____

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

1. _____

2. _____

In case of emergency, please call:

Name: _____ Relationship: _____

Phone Number: _____

Send Completed application and background check to:

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