

VOLUNTEER APPLICATION



CONTACT INFORMATION:

Name (Last, First, Middle) _____

Address: _____ City _____ State _____ Zip _____

Phone: () _____ Email: _____

If you are under the age of 18, are you age 14 or older? Yes No

Parent/Guardian Name _____ *Phone: ()* _____

Have you been convicted of a felony in the last seven years? Yes No

*Such conviction may be relevant if job related. **If yes**, please explain:*

EDUCATION & TRAINING:

Education/Training (Please check the highest level attended):

High School Technical College – Field of Study _____

College – Degree(s) _____

Graduate – Degree(s) _____

WORK AND VOLUNTEER EXPERIENCE:

Present Status: Student Employed Retired Other: _____

Employer (if currently employed) _____ Work Schedule: _____

Have you previously volunteered or worked at Upland Hills Health? Yes No If yes, please explain

Previous Volunteer Experiences: _____

How did you hear about the need for volunteers at Upland Hills Health?

AVAILABILITY:

Check your availability:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES:

Please list the name and complete addresses of three personal or work related references (not relatives) whom we may contact.

Name:	Complete Address:	Telephone:	Years Known:

In case of an emergency, notify: _____
Name Relationship Phone

Any physical limitations? Yes No If yes, please explain

Signature:

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from service as a volunteer.

I give the organization the right to investigate all references and to secure additional information about me, if related to the volunteer position. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature of Applicant: _____ Date: _____

THANK YOU for taking the time to complete this application. Please print, sign and mail to

Upland Hills Health, Inc.
Attention: Volunteer Services
800 Compassion Way
Dodgeville, WI 53533

To return electronically, please SAVE AS and replace the word "FILL" in the file name to your name and email the PDF to mcconnelld@uplandhillshealth.org.

Questions-- Please call the Volunteer Services Dept. at (608) 930-7113.