

# 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 \_\_\_\_\_