



### VOLUNTEER APPLICATION

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

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Contact in Case of Emergency: \_\_\_\_\_  
Name Relationship Phone

Limitations Related to Health: \_\_\_\_\_

How did you become interested in our volunteer program? \_\_\_\_\_

Have you volunteered for this organization before? Yes \_\_\_ No \_\_\_

Education: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Indicate hobbies, skills, special interests, foreign language or sign language skills: \_\_\_\_\_

Please give any other information you feel pertinent to your application: \_\_\_\_\_

#### References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above information is accurate and correct to the best of my knowledge.

It is the policy of Winneshiek Medical Center that all persons volunteering will be treated without regard to race, color, religion, qualified disability, gender, sexual orientation, gender identity, age, or national origin, except where these categories are a bonafide occupational qualification.

Areas of Interest:

Please select the areas you are interested in volunteering:

- |  |  |
|--|--|
| <input type="checkbox"/> Gift Shop                               | <input type="checkbox"/> Cafeteria Cashier           |
| <input type="checkbox"/> Information Desk                        | <input type="checkbox"/> Hospice Bouquets            |
| <input type="checkbox"/> SHIP                                    | <input type="checkbox"/> Sewing/Knitting             |
| <input type="checkbox"/> Gardening                               | <input type="checkbox"/> Occupational Health Clinics |
| <input type="checkbox"/> Health Information (filing, etc.)       | <input type="checkbox"/> Mailings                    |
| <input type="checkbox"/> Other possible opportunities within WMC |  |

The Winneshiek Medical Center Auxiliary is a group of volunteers who organize and execute many fundraisers throughout the year to support WMC. You do not need to be a member of the Auxiliary to participate in these events. Please select any of the Auxiliary events below that you would be interested in volunteering:

- |  |  |
|--|--|
| <input type="checkbox"/> Blood Drives                  | <input type="checkbox"/> Spring Brunch           |
| <input type="checkbox"/> Valentine Sale                | <input type="checkbox"/> Fall Luncheon           |
| <input type="checkbox"/> Holiday Bake Sale             | <input type="checkbox"/> Iowa/ISU Tailgate Party |
| <input type="checkbox"/> Other Auxiliary opportunities |  |

To become a member of the Auxiliary please pick up a membership form from the Volunteer Coordinator. As an Auxilian you pay \$5 to be an active member for the year and you will receive the Auxiliary Newsletter twice a year.

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Notes: