

Today's Date: _____

Volunteer Interest Form

Thank you for your willingness to support the community! Please take a moment to complete the following questions.

Full Legal Name: _____

Address: _____
Street City State Zip

Phone Number: _____ Email: _____

Speak another language? Please list: _____

Degree: NP LPN RN CNA MD Pharmacist Other _____

Please provide a brief description of any special skills and/or past experience you have that would be valuable in your volunteer role.

Approximately how many hours per week can you volunteer? _____ Hours

Please list your available days and time to volunteer?

_____ Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat

Have you ever been convicted of a violation of law, traffic or otherwise? _____

Explain: _____

Have you been founded of a case of abuse or neglect? _____

Consent

I am interested in becoming a volunteer for Wapello County Public Health. I understand all information, verbal or written, that I give to Wapello County Public Health is confidential. I give my permission to have this information verified. I further understand that Wapello County Public Health is under no obligation to accept me as a volunteer, and if I am not accepted, no reason need to be given. Furthermore, I acknowledge that my file, and all information contained therein is the property of Wapello County Public Health.

Full Name: _____ Signature: _____

Date: _____