



VOLUNTEER APPLICATION

Date: _____

Name: _____
Last First Initial

Preferred Pronouns: _____

Address: _____

City/State/Zip: _____

EMPLOYMENT HISTORY

Name of Company	Type of Work	Current Status
_____	_____	_____

List Professional or Business Experience

Teen Information Only: Name of School _____

PHSYCIAL CONDITION

1. Is there any activity that you have difficulty with that might make it hard to perform volunteer duties (such as extended walking, wheelchair transporting, etc.)
Yes _____ No _____

Explain: _____

2. Do you have a known Latex allergy? Yes _____ No _____

3. Have you had Chicken Pox or Varicella Vaccine? Yes _____ No _____ Unknown _____

Before you begin volunteering, you may be asked to see our Associate Health Services for further evaluation.

Please Sign _____

VOLUNTEER EXPERIENCE

Organization

Type of Work

Reason for Leaving

Reason for Volunteering at UW Health NIL: _____

Volunteer Agreement: I declare the foregoing facts to be truthful. I agree that if accepted as a volunteer, I will abide by UW Health's policies and that any violation of said policies shall be considered sufficient cause for dismissal.

Signature

Date

City of Birth: _____

Date of Birth: ____/____/____

Email Address: _____

Phone Number: _____ Type: Mobile Home (circle one)

Parent and/or Guardian Consent

The information given on the application is correct and I agree to my child volunteering in the UW Health NIL Health System.

Parent and/or Guardian Consent

Date