



1050 Division Street | Mauston, Wisconsin 53948  
608-847-6161 | milebluff.com

*Healthcare evolving for life*

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## Application for Volunteer Services

### PERSONAL INFORMATION:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ E-mail address (optional): \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Highest level of education completed: \_\_\_\_\_

Current occupation (if applicable): \_\_\_\_\_

Previous work experience (if applicable, include dates): \_\_\_\_\_

Do you have a valid drivers' license?

- No
- Yes (if yes, do you have a vehicle available? Yes / No)

### PREFERENCES AND QUALIFICATIONS:

List community group affiliations (if applicable): \_\_\_\_\_

List special skills, interests, hobbies, etc. that could be helpful for volunteer work (typing, special training, etc.):

List the types of volunteer activities you would prefer, including whether or not you would volunteer at special events (examples include: office work, visiting patients, sharing a talent in group activities, working the information desk, etc.):

**I would be interested in volunteering at (check all that apply):**

- Crest View Nursing & Rehabilitation Center, New Lisbon
- Mile Bluff Medical Center, Mauston
- Fair View Nursing & Rehabilitation Center, Mauston

**Days and times available (check all that apply and provide times for each):**

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_
- Sunday \_\_\_\_\_

**REFERENCES:** (non-family preferred)

1. **Name:** \_\_\_\_\_ **Phone number:** (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Phone number:** (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**Name:** \_\_\_\_\_ **Phone number:** (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**APPLICANT AUTHORIZATION:**

I acknowledge that I have truthfully completed this application. If chosen for volunteer service, I agree to attend orientation (*as directed by the volunteer coordinator*) and to provide service on a regular basis as specified in my training. I agree to uphold the standards and values of Mile Bluff Medical Center, and to follow volunteer guidelines.

I also agree to undergo the two-step Mantoux (tuberculosis skin test) and immunization titer (blood test). I assume complete responsibility for any injury or damage sustained during my volunteer time, and release Mile Bluff Medical Center of any and all liability for such injury or damage. I also grant Mile Bluff permission to perform a criminal background check on me, to ensure the safety of all of those entrusted to the care of Mile Bluff.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_