**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 WinnMed 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:

\_\_\_\_\_ Gift Shop \_\_\_\_\_ Cafeteria Cashier

\_\_\_\_\_ Information Desk \_\_\_\_\_ Hospice Bouquets

\_\_\_\_\_ SHIIP \_\_\_\_\_ Sewing/Knitting

\_\_\_\_\_ Gardening \_\_\_\_\_ Mailings

\_\_\_\_\_ Other possible opportunities within WMC

WinnMed Auxiliary

 The WinnMed Auxiliary is a group of volunteers who organize and execute many fundraisers throughout the year to support WMC. 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 every other month highlighting all the events happening with the Auxiliary.