

Human Resources
730 10th Avenue
Baldwin, WI 54002
Phone: 715-684-8616
Fax: 715-664-4757



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____ Date: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Work/Cell Phone: _____

How did you hear about our Volunteer Program? _____

EDUCATION

Education Completed: High school: 1 2 3 4 College: 1 2 3 4 Post Grad: 1 2 3

Are you currently a student? Yes No

Name of School: _____ Grade: _____

Major field of study: _____

Is volunteer work a class assignment? Yes No

AREAS OF VOLUNTEER INTEREST

Office/Clerical Lobby Patient Escort
 General Float Special Requests Other _____

Special skills and interest: (office skills, arts, crafts, music, language etc.)

EMPLOYMENT/WORK EXPERIENCE

Are you currently employed? Yes No

Employer: _____ Hours per week: _____

Past employment history: (list most recent)

| | | |
|---------------------|----------|----------|
| Employer: | 1. _____ | 2. _____ |
| Position held: | _____ | _____ |
| Dates employed: | _____ | _____ |
| Reason for leaving: | _____ | _____ |

PERSONAL REFERENCES

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Are you related to or do you know any employee or volunteer of Baldwin Area Medical Center?

Name: _____

Relationship: _____ Department: _____

EMERGENCY CONTACT

In case of emergency notify:

Relationship: _____ Phone _____

Agreement of Confidentiality:

I understand that any information I may obtain directly or indirectly concerning patients, doctors or personnel while I am a Volunteer at Baldwin Area Medical Center is confidential and that this confidentiality is protected by Federal Law.

Signature: _____ Date: _____