

Wyandot County Skilled Nursing & Rehabilitation
Center
Volunteer Application Form



Applicant Information

Full Name:

_____ **Date:** _____
Last First M.I.

Address:

Street Address Apartment/Unit #

City State ZIP Code

Email: _____ Phone: _____

Volunteer Experience:

Interests/ Hobbies/ Skills:

Education/ Special Training:

Why would you like to be a volunteer at the Wyandot County Skilled Nursing Home?

Indicate Availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

References

Please list two professional references.

Full Name: _____ **Relationship:** _____
Company: _____ **Phone:** _____
Address: _____

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The Wyandot County Skilled Nursing & Rehabilitation Center provides opportunities for volunteers without regard to race, color, national origin, age, religion, sex, sexual orientation, or disability.

The above information is accurate and correct to the best of my knowledge:

Volunteer Applicant Signature: _____ Date: _____

This page to be filled out by Volunteer Coordinator

Initial Contact by Volunteer Coordinator _____

Interview Date & Time: _____

Reference Check _____

Tour _____

Hands-On Safety Wheel Chair Safety _____

Confidentiality Form _____

Name Badge _____

Emergency Contact:
