

Nurse Volunteer Application

**Background information**

Name

Address

Telephone Number

Are you currently employed as a nurse? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, where are you employed?

**Licensure/Certification**

Do you currently hold a nursing license? \_\_\_\_\_yes \_\_\_\_\_no

What state \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you ever been in disciplinary action or had your license suspended or revoked?

Are you currently CPR certified? \_\_\_\_\_yes \_\_\_\_\_no

Expiration date \_\_\_\_\_

**Experience**

List the area(s) you have worked in nursing

List the area(s) you would like to volunteer

List the number of hours that you plan to volunteer per month

Have you ever been convicted of a felony crime? \_\_\_\_\_yes \_\_\_\_\_no

If you answered yes, please given an explanation

Please write in 5 sentences why you are interested in this program

I certify that the answers given here are true and complete to the best of my knowledge. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_