

Gardner Visiting Nursing Association, Inc.
34 Pearly Lane
Gardner, MA 01440
978-632-1230

Program Volunteer Application

Program you are interested in volunteering with: _____

Name: _____ Date: _____

Address: _____

Phone: (H) _____ (W) _____

Other: _____ Email: _____

Emergency Contact: _____

Name	Phone	Relationship
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Educational Background: <i>(use back if needed)</i>	Dates of Completion
_____	_____
_____	_____
_____	_____
_____	_____

Work Experience: <i>(use back if needed)</i>	Dates of Employment
_____	_____
_____	_____
_____	_____
_____	_____

Do you speak another language than English? No Yes
If Yes, which one(s): _____

Do you have any areas of special training, skills, talents or licensure that might be useful as you volunteer with Gardner VNA?

Where did you first hear about the Gardner VNA Volunteer Program? _____

Have you ever been a volunteer before? No Yes If Yes, please describe:

Did you participate in continuing education or training seminars during your previous volunteer assignment(s)? No Yes If Yes, please describe:

Are there areas of interest that you would like to learn more about as you volunteer with the Gardner VNA? No Yes If Yes, please comment:

Do you have reliable transportation? Yes No

Please indicate the approximate number of hours, times and days you are available to serve as a volunteer: _____

Please list three references:

Name	Address	Phone #
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Certification and agreement: I certify that the information on this application is true, complete and correct. I authorize the Gardner VNA to contact my references.

Applicant's Signature

Date