



# RUSK COUNTY MEMORIAL HOSPITAL AND NURSING HOME

900 College Avenue West

Ladysmith, Wisconsin 54848

Phone 715/532-5561

## AUXILIARY VOLUNTEER APPLICATION

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Are you applying to satisfy Community Service Hour requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

**INSTRUCTIONS TO VOLUNTEER APPLICANT:** In order to utilize your talents and to help us schedule you where you have a particular interest, please list your hobbies and skills, and any preference for area of service:

**(PLEASE PRINT ALL INFORMATION)**

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State and Federal regulations governing nursing homes are originated for resident protection. In accordance with those regulations and, moreover, with our organization's commitment to our residents' well being, we require that individuals volunteering their services meet the same standards as our employees. This necessitates that the personnel department perform a basic background check, consisting of checking records with the Department of Justice and securing two references. The results are confidential. Although not a complex process, it does afford everyone the added assurance that we have done our part in creating a safe environment for our residents, staff and volunteers. In order to conduct this check, we need your authorization. By signing below, you will be providing us with this authorization.

\_\_\_\_\_  
(Signature of Volunteer Applicant)

\_\_\_\_\_  
(Date)