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References: Please list the name and phone number of two references (friend, neighbor, employer, etc.) that we may contact.

_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship

How did you hear about Community Nurse Health Association? Please circle.

Friend Shop Volunteer Walk-In I shop in the store

Church Member Church Bulletin _____ (Which Church?)

Newspaper Ad _____ Web Site _____
Which Newspaper?

Have you ever pleaded guilty or no contest to, or been convicted of any criminal offense?
Yes _____ No _____ If yes, please explain _____

(Do not include convictions that were sealed, expunged, erased or annulled by a court or that resulted in a referral to a diversion program.)

Release Agreement: (Please circle yes or no)

YES NO You may include my phone number/email in the CNHA Volunteer Directory
YES NO You may use my name or photograph in other agency publicity or publications

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

SIGNATURE _____ DATE ____/____/____

Thank you for considering volunteering with Community Nurse Health Association. Please return your completed application to:

Harriet Kiehl VerGowe
Volunteer Recruiter/Coordinator
23 Calendar Avenue
LaGrange, Illinois 60525
708-579-2403
hvergowe@communitynurse.org
www.communitynurse.org