

Keokuk County Public Health Volunteer Interest Form

Thank you for your willingness to support the community. Please take a moment to complete the following questions.

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell/Home

email: _____

Degree: NP LPN RN CNA MD Pharmacist None Other _____ License # _____

**If you do not have to have a degree, please still fill out the form, there are other areas where you would be needed.

Please provide a brief description of any special skills and/or past experience you have that would be valuable in your volunteer role:

Approximate how many hours per week you can volunteer: _____ Hours

Please list your available days and time to volunteer: Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___

Have you ever been convicted of a violation of law, traffic or otherwise? _____

Explain: _____

Have you been founded of a case of abuse or neglect? _____

Consent:

I am interested in becoming a volunteer for Keokuk County Public Health. I understand all information verbal or written, that I give to Keokuk County Public Health is confidential. I give my permission to have this information verified. I further understand that Keokuk County Public Health is under no obligation to accept me as a volunteer, and if I am not accepted, no reason needs to be given. Furthermore, I acknowledge that my file, and all information contained therein is the property of Keokuk County Public Health.

Print Name: _____

Signature _____

Date: _____