



**REFERENCES:**

Please list two NON-RELATIVE references.

Name (first and last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Phone: \_\_\_\_\_  
Home Phone Cell/Alternate Phone

Name (first and last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Phone: \_\_\_\_\_  
Home Phone Cell/Alternate Phone

**WHERE DO YOU WANT TO VOLUNTEER?**

Please check all opportunities that interest you.

**Home Delivered Meals Driver – Must be 18 and older**  
Deliver hot, nutritious noon meals to recipients in the Wisconsin Rapids, Port Edwards, Nekoosa or Biron areas. About 11 a.m. to 12:30 p.m. weekdays as fits your schedule.

**Hospital Escort – Must be 18 and older**  
Greet, direct and assist hospital patients and visitors. Escorts are scheduled for 4 hour shifts 8 a.m. to Noon or Noon to 4 p.m. weekdays as fits your schedule.

**Lifeline Installer – Must be 18 and older**  
Install Lifeline units in subscribers' homes. Installers are called as needed (about twice a month) and are scheduled for about 1 to 2 hours at a time. Installations are quite simple and typically scheduled between 9 a.m. and 3 p.m. weekdays.

**Hospital Escort – For Teens Only**  
Teenagers 16 and older assist patients and visitors in the lobby. Teen escorts are scheduled 4 p.m. to 6 p.m. or 4 p.m. to 8 p.m. weekdays, and four shifts 8 a.m. to 8 p.m. weekends as fits your schedule.

**Volunteer Greeter – Must be 18 and older**  
Man Riverview Medical Center's main lobby Information Desk while providing excellent customer service to all customers. Greeters are scheduled for 4 hour shifts 8 a.m. to Noon or Noon to 4 p.m. weekdays as fits your schedule.

**Riverview Hospital Auxiliary**  
Auxilians help Riverview by volunteering their time or organizing fund-raising events. Membership is open to all adults with an interest in Riverview. Dues are \$10/year for active members (those who actively participate) and \$25/year for associate members (those who do not actively participate, but wish to identify with and lend moral support to the Auxiliary).

I understand and agree that submitting this application form does not automatically register me as a Riverview Hospital Association volunteer and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, completion of background information disclosure form, and health screenings before I may begin volunteering.

By signing this form, I attest that the information I have provided on this form is true and accurate.

\_\_\_\_\_  
(Signature)

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

**Return to:**  
**Riverview Hospital Association**  
**Attn: Volunteer Coordinator**  
**410 Dewey Street**  
**Wisconsin Rapids, WI 54494**

