

Hope Health and Rehabilitation Center

438 Ashford Ave
Lomira, WI 53048
920-269-4386

Volunteer Application

Last Name	First Name	Middle Initial	Phone number
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Street Address	City	State	Zip Code
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Email Address

Areas of Interest for Volunteering

Days and Hours Willing to Volunteer

References (not relatives)

Name	Relationship
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Address	Phone Number
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Name	Relationship
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Address	Phone Number
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Past Volunteer Experiences

How did you hear about us? _____

Have you been convicted of or pleaded no contest to a felony within in the last 5 years? _____

If yes please explain _____

I certify that the information in this application is true and complete. I authorize the verification of all the information listed above.

Signature	Date
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