



## 2016 Membership Application/Renewal Form

### Applicant Information:

Name \_\_\_\_\_

Position Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Position Start Date \_\_\_\_\_

Number of Years Experience in Managing/Coordinating Volunteers \_\_\_\_\_

WADVS Regional District \_\_\_\_\_

Current Member of Association for Healthcare Volunteer Resource Professionals (AHVRP):

Yes \_\_\_\_\_ No \_\_\_\_\_

CAVS Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

Position Reports To \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

### Facility Information:

Health Care Facility Name \_\_\_\_\_

Type of Facility (ex. long term care, hospital, etc.) \_\_\_\_\_

Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

CEO \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Facility Number of Beds \_\_\_\_\_

**Program Information:**

Number of Active Adult Volunteers \_\_\_\_\_

Number of Active Teen/Student Volunteers \_\_\_\_\_

Structure of Volunteer Program (Check all that apply):

- Auxiliary
- Council
- Partners/Friends
- Volunteers (Non-Auxiliary)
- Organization is affiliated with Partners of WHA

**Gift Shop Manager Information:**

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone Number \_\_\_\_\_

**Payment Information:**

Annual dues cost - \$65 (covers January 1 – December 31)

- **2016 Annual Renewal Due Date – February 29, 2016**

Make check payable to **WADVS** and send, with completed application, to the WADVS treasurer at the following address:

**Send to: Peggy McEvoy  
Coordinator of Volunteer Services  
Waukesha Memorial Hospital  
725 American Avenue  
Waukesha, WI 53188  
(262) 928-4869**