



**Deaconess CAN - Community Advocate Nurses earn elective points for their PDP, and represent Deaconess in community health activities.**

## **Nurse Volunteer Information Form**

**Name:** \_\_\_\_\_

**Unit/department:** \_\_\_\_\_

*To help facilitate communication, please fill in the following contact info.*

**Work/unit phone:** \_\_\_\_\_

**Name as listed in Deaconess email:** \_\_\_\_\_

**Home and/or cell phone:** \_\_\_\_\_

**Home email:** \_\_\_\_\_

**Notes about work shifts/best time to call:** \_\_\_\_\_

\_\_\_\_\_

**I am interested in volunteering at the following events:**

**Date:** \_\_\_\_\_ **Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Event:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please send via email or in-house mail to  
Becca Scott, Community Engagement Coordinator.*