



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.*