



Collaboration for: Promotion Education Advancement of Nursing Careers

VOLUNTEER BIO FORM
 9302 North Meridian Street, Suite 365
 Indianapolis, IN 46260
 317.574.1325
 FAX: 317.573.0875
 E-MAIL: info@nursing2000inc.org

BIOGRAPHICAL INFORMATION

NAME: _____

HOME ADDRESS: _____

Street _____
 _____ County: Boone _____ Hamilton _____
 City _____ Zip _____ Hancock _____ Hendricks _____
 Johnson _____ Lawrence _____
 Marion _____ Monroe _____
 Morgan _____ Shelby _____

PHONE: _____

Home _____ Work _____
 Pager: _____
 SEX: M F Fax: _____
 E-Mail: _____

BIRTHDATE: _____

JOB TITLE: _____ EMPLOYER: _____

TYPE OF FACILITY: _____
 (i.e., hospital, office, school of nursing, ambulatory setting, extended care, etc.)

WORK ADDRESS: _____

Street _____
 _____ County: Boone _____ Hamilton _____
 City _____ Zip _____ Hancock _____ Hendricks _____
 Johnson _____ Lawrence _____
 Marion _____ Monroe _____
 Morgan _____ Shelby _____

NAME AND TITLE OF WHOM YOU REPORT TO: _____

EDUCATION: WE VALUE ALL LEVELS OF PREPARATION

	<u>YEAR</u>	<u>SCHOOL</u>	(Check ALL degrees received)
LPN	_____	_____	_____
RN - AD	_____	_____	_____
RN - DIPLOMA	_____	_____	_____
RN - BSN	_____	_____	_____
MSN	_____	_____	_____
Area of Graduate Study	_____		
Doctorate	_____	_____	_____
Degrees in another discipline	_____		

(over, please)

ADVANCED NURSING ROLES:

Are you in an advanced role in nursing (manager/administrator, researcher, educator, other)

Yes No If yes, please indicate: _____

Are you an advanced practice nurse, APN? (Clinical specialist, nurse practitioner, nurse anesthetist, nurse midwife)

Yes No If yes, please indicate: _____

CERTIFICATION: Yes No If yes, please indicate type: _____

AREAS OF SPECIALIZATION: (Check all that apply)

- | | | | |
|-----------------|-------|---------------------|-------|
| Administration | _____ | Maternal/Child | _____ |
| Business | _____ | Occupational Health | _____ |
| Critical Care | _____ | Pediatrics | _____ |
| Education | _____ | | |
| Emergency Dept | _____ | Research | _____ |
| Geriatrics | _____ | | |
| Home Health | _____ | Wellness Promotion | _____ |
| Medical: | | Surgical: | |
| Cardiovascular | _____ | General | _____ |
| Diabetes | _____ | Gynecology | _____ |
| Hospice | _____ | Neuro-Surgery | _____ |
| Neurology | _____ | Orthopedic | _____ |
| Ophthalmology | _____ | Sports Medicine | _____ |
| Oncology | _____ | Operating Room | _____ |
| Pulmonary | _____ | Post Anesthesia | _____ |
| Rehabilitation | _____ | Transplant | _____ |
| Renal | _____ | Trauma | _____ |
| | | Urology | _____ |

Other: _____

NURSING 2000 VOLUNTEER INFORMATION & INTEREST:

TRADITIONAL STUDENT Directly from High School

NON-TRADITIONAL STUDENT If yes, please describe your entry into Nursing _____

Note: Most of the volunteer activities range from 45 minutes to a couple of hours primarily during the day and sometimes in the evening. Written or telephone requests will outline times, locations, and volunteer roles.

- _____ Staff a display and distribute Nursing 2000 information
- _____ Present "Nursing as a Career" at High Schools and Middle Schools using Nursing 2000 resources i.e. PowerPoint slides, script, video and handouts
- _____ Biographical presenter at:
 - Nursing 2000 Seminars _____
 - High School Seminars _____
 - High School Counselor Seminars _____
- _____ Junior High School, Middle Schools, and/or High Schools where you prefer to volunteer _____
- _____ Committee assignment, (i.e., Scholarship Benefit, Special Projects, etc.)
- _____ General resourcing (1:1 counseling; interviews by high school students or nursing students)
- _____ Assist with development of career materials

YOUR USUAL WORK SCHEDULE: _____