



Health Bus Volunteer Nurse Application Form

Your Information:

Name: _____

Address: _____

Email address: _____
Email is our main mode of communication. Health Bus nurses receive group emails about meetings and open shifts on a regular basis.

Telephone: _____
(home) (work) (cell)

Emergency Contact: _____
(name) (phone)

Please list all sites where you provide nursing care, including both full time and part time work places. This information helps to ensure effective screening practices should they become necessary.

Agency/ Place of Work	Department	Contact
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Are you currently a registered nurse? YES NO

Registration number _____

With your application, please include proof of most **current registration**, as well as your **CV**.

Your Interests

1. Where did you hear about the Health Bus?

2. What interests you about street nursing?

3. What would you like to contribute to the Health Bus program?

Your Availability:

Please indicate which days and times you would like to volunteer for the Health Bus (no shifts on Friday).

Monday	Tuesday	Wednesday	Thursday	Saturday	Sunday
daytime	daytime	daytime	daytime	daytime	daytime
evening	evening	evening	evening	evening	evening

Please indicate the amount of volunteer time you are willing to commit to:

Every week Every other week every three weeks on call basis

Please indicate your seasonal availability:

Spring Summer Fall Winter Year Round

Your Clinical Experience:

- 1. Please describe your nursing experience in the following settings:
 - a. Community nursing or community health settings

- b. Acute care/hospital settings

- 3. Please describe your experience of the following:
 - a. Doing health teaching or health promotion with individuals

- b. Providing independent advice to people with health issues/concerns

- c. Completing detailed or focused health histories or nursing assessments

- d. Doing physical assessments or exams

- 4. Please indicate your confidence with the following areas of assessment or care:

- a. respiratory or chest assessment _____
 - b. skin/dermatological assessment _____
 - c. musculoskeletal assessment _____
 - d. risk of suicide or crisis assessment _____
 - e. foot care _____

- 5. What support or training would increase your confidence with these areas of nursing on the Bus?

Your Experience With People

1. Please describe your work or volunteer experience with:

a. People who are homeless

b. People who use substances

c. People who are in crisis

d. People who are psychiatric consumer survivors or who have mental illness

e. People with complex or multiple health issues

f. People who have experienced trauma

2. In your experience, what skills or attributes help nurses work effectively with these populations?

I understand that any false or misleading information, misrepresentation or omission of necessary facts may render this application void and will result in the discontinuation of my volunteer position.

Date: _____ Signature: _____

Notes:
