*All information provided to the Wyoming Department of Health – WAVE in this application is treated and maintained in a secure manner.*

**PLEASE PRINT New Application Revised Application** (Complete only sections requiring change)

*All* ***REQUIRED*** *fields are in blue*.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Legal, Proper Name (last, first, middle initial):** | |  | | | | |
| **Preferred Name:** | | | | | | |
| **Address (street mailing)** | | | | **Date of Birth:** | | |
| **City:** | **State:** | **Zip Code:** | | **County:** | | |
| **Email Address:** | | | | **SSN #** |  | |
| **Home Phone incl. area code** | | | **Cell Phone incl. area code:** | | | |
| **Occupation:** | | | | | | |
| **Company Name:** | | | | | | |
| **Address (street mailing)** | | | | **Date of Birth:** | | |
| **City:** | **State:** | **Zip Code:** | | **County:** | | |
| **Email Address:** | | | | **Years at Company:** | |  |
| **Work Phone incl. area code:** | | | **Work Cell Phone incl. area code:** | | | |

**License(s)/Certificate(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Type: | License/Certification Number: | State: | Expiration Date: |
|  |  |  |  |
|  |  |  |  |

**Special Skills / Qualifications:** Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|  |

**Organization Affiliation -**

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical** or **Non-Medical** Volunteer Organization(s) (Please write-in County and circle which organization you'd like to be added)

|  |  |  |
| --- | --- | --- |
| **TO BE NOTIFIED IN CASE OF EMERGENCY** | | |
| Name: | | Relationship: |
| Address (street/mailing): | | Home Phone incl. area code: |
| City: | | Work Phone incl. area code: |
| State: | Zip Code: | Cell Phone incl. area code: |

**How did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The Wyoming Department of Health – WAVE System has my permission to verify this information. I verify that I have not received any court ordered penalty (e.g. conviction, probation, deferred adjudication, etc.) for a crime within the last seven (7) years. If any of the information contained in my application is incomplete or found to be untrue, I understand that I will be removed from the WAVE System.*

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***For WAVE Administrator Use ONLY***

Username: Initial Password:

Date entered: By Whom:

Volunteer Contacted: Date: