



School Nurse Volunteer Form

Registered nurses interested in volunteering as a school nurse at BCHS are encouraged to complete and return this form. Thank you for your support of BCHS.

Name: _____

Home phone: _____ Mobile phone: _____

Address: _____

No. of years as a registered nurse: _____

I am interested in volunteering: (mark each that applies)

_____ Tuesdays from 9 a.m. to 1 p.m.

_____ Thursdays from 9 a.m. to 1 p.m.

_____ Weekly

_____ No. of times per month I am available to volunteer

Please return completed form to:
Barb Gaffney
Bishop Chatard High School
5885 Crittenden Ave.
Indianapolis, IN 46220