

Alaska Nurse Alert System VOLUNTEER FORM

(All ** items must be completed)

First Name **	
Last Name **	
RN License Number **	
LPN License Number **	

RN Area of Experience (Check all that apply)

Pediatrics		Medical / Surgical		OB / GYN	
Orthopedics		Emergency Room		Critical Care	
Nursing Admin		School Nursing		Nurse Educator	
Home Health		Public Health		Psych / Mental Health	

RN Area of Certification (Check all that apply)

Pediatrics		Medical / Surgical		OB / GYN	
Orthopedics		Emergency Room		Critical Care	
Nursing Admin		School Nursing		Nurse Educator	
Home Health		Public Health		Psych / Mental Health	

Email address **	
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Do you have liability Insurance?

Yes		No	
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Address **	
City **	
Zip **	
Home Phone **	
Work Phone	
Cell Phone	
Fax	

Employer ** Position (Check One)

Staff Nurse		Public / Community Health		Home Health	
Nurse Administrator		Psychiatric / Mental Health		School Nurse	
Nurse Practitioner		Nursing Education		Other	

Work Routine (Check One)

Full Time		Part Time		Retired	
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Nurse Practitioner License Number	
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Nurse Practitioner Area of Experience (Check all that apply)

Pediatrics		Medical / Surgical		OB / GYN	
Orthopedics		Emergency Room		Critical Care	
Nursing Admin		School Nursing		Nurse Educator	
Home Health		Public Health		Psych/Mental Health	

Nurse Practitioner Area of Certification (Check one)

Adult		Adult Psych / Mental		OB/GYN	
Adv. Diabetes Mgmt		Child/ Adolescent Psych		Family	
Gerontological		Family Psych		Nursing Administration	
Pediatric		Public / Community		Other	

Other Certifications – Current (Check all that apply)

CPR		First Aid		Wilderness Medicine		Red Cross Disaster	
ETT		EMT		FEMA Training		Red Cross Sheltering	
ACLS		PALS					

Other Certifications – Past (Check all that apply)

CPR		First Aid		Wilderness Medicine		Red Cross Disaster	
ETT		EMT		FEMA Training		Red Cross Sheltering	
ACLS		PALS					

Language Fluency

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Check all that apply

Can travel up to 2 weeks		Can travel more than 2 weeks		May have child care issues	
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Please check all levels of care for which you are currently skilled to provide.

1	Persons who are independent and capable of self-care requiring only minimal support for minor illness and injuries.	
2	Persons with conditions requiring observation or minor supportive assistance in activities of daily living. Independent with some family/caretaker support.	
3	Persons with conditions requiring some level of privacy or separation but do not require skilled or continuous health care from facility staff.	
4	Persons requiring frequent or continuous surveillance for potentially life threatening conditions or requires bedding or bathroom facilities not available in the shelter.	
5	Persons requiring skilled care, continuous observation, or special equipment and services usually found in a hospital.	

All information will be kept confidential and will not be sold or released to a third party who is not an ANAS partner.

Fax: 272-0292 or Mail to: ANAS, 3701 E Tudor Road, # 208, Anchorage, AK 99507