

IOWA AFFILIATE WOCN MEMBER VOLUNTEER REIMBURSEMENT FUND APPLICATION

Preface

The purpose of the Iowa Affiliate WOCN Member Volunteer Reimbursement Fund is to support individuals committed to working with patients with wounds, ostomies, and/or incontinence. The Iowa Affiliate WOCN Member Volunteer Reimbursement is awarded to eligible members who volunteer their time to serve those patients with wound, ostomy or continence needs.

Statement of Nondiscrimination

The Iowa Affiliate WOCN does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.

Eligibility Criteria

1. Applicant must be a US citizen.
2. Applicant must be a member of the WOCN and have designated the Iowa Affiliate as the Regional/Affiliate choice.
3. Applicant must be currently certified in at least two of the four specialty certifications (Wound, Ostomy, Continence or Foot and Nail Care).
4. Volunteer Award monies will be awarded to the chosen applicant only after the completion of the volunteer service(s) and that service activity must be completed in its entirety or duration.
5. It is the expectation that the recipient of the Volunteer Reimbursement Award will present his or her experience (through lecture, power point, photos, etc.) with the Iowa WOCN Members at a spring or fall meeting.

Submit all required information to:

[Iowa WOCN Affiliate Scholarship Committee Chair](#)

Guidelines for Iowa Affiliate WOCN Member Volunteer Reimbursement Fund Committee

1. The Iowa Affiliate WOCN Member Volunteer Reimbursement monies will be awarded only to those applicants who have two of the four specialty certifications as listed above.
2. An Iowa Affiliate WOCN Member Volunteer Reimbursement of up to \$1000 will be awarded yearly and presented to the recipient at the Iowa Affiliate Fall Conference.
3. Applications will be accepted throughout the year with a deadline of April 1st. The WOCN Member Volunteer Scholarship Committee will announce the recipient of the Reimbursement at the Iowa Affiliate WOCN Fall Conference. It is strongly encouraged that the scholarship recipient be present to be recognized at this meeting.
4. Submit all applications to the chairperson of the Iowa Affiliate WOCN Member Volunteer Reimbursement Fund Committee.

Iowa Affiliate WOCN Volunteer Reimbursement Fund Application

Save this document to your computer.

To Fill-in - Press the Tab Key to move between fields or select using your mouse the beginning of each field.

After you have completed SAVE the document.

Email this document to the link below.

Request Date: [Click here to enter a date.](#)

Applicant Information:

Name:

Address:

City/State/Zip:

Home Telephone #:

Work Telephone #:

Home e-mail address

Work e-mail address

Number and type of specialty certifications:

Please explain the type of volunteer activity you will be participating in:

Please list the financial expenses you will incur that are not reimbursed by any other agency and that you will personally have to provide as a result of your participation:

Costs

Airfare:

Mileage:

Room/Lodging:

Meals:

Other:

Other:

Your Calculated Total:

Will you lose income during the time you volunteer your services: Yes ☐ No ☐

Have you been awarded any other monies for this activity?: Yes ☐ No ☐

Amount \$

: _____

Please explain how this financial award would benefit you professionally:

Provide specific reasons for wanting to participate in this volunteer activity (i.e.: how would it benefit you, benefit the IA WOCN, benefit your clients, benefit your organization, etc.)

**Please include a letter of recommendation from an employer or peer along with your application
Please request that the recommendation letter address the following criteria.**

- Professionalism
- Commitment
- Communication skills
- Problem solving skills
- Leadership ability
- Critical thinking ability

Other Items you would like to address:

Submit all required information to:

[Iowa WOCN Affiliate Scholarship Committee Chair](#)