



Healthy Rewards Volunteer/Blood Donation Verification Form

All sections of this form (including Agency Representative signature, title, and phone/email) must be completed for Healthy Rewards points to be approved and awarded.

Employee/Spouse Name: _____
(First Name, Last Name)

Employee ID or PeopleSoft ID: _____
(Spouse add SP after employee's ID number)

Employee Contact Information: _____
(Email or Phone)

Check one of the below boxes:

- Blood Donation** (Fill out sections A and C)
- Formal Volunteer Event** (Fill out sections B and C)

Section A: Blood Donation (Whole Blood, Platelets, Plasma, Red Blood Cells, and Autologous)

Name of Organization/Agency: _____ Date: _____

Organization/Agency Address: _____

Section B: Volunteer Information (Must be at least one hour of service)

Name of Organization/Agency/Event: _____

Date of Volunteer Event: _____ Number of hours: _____

Organization/Agency/Event Address: _____

****Required Section – All fields must be completed to earn Healthy Reward points****

Section C: To Be Completed by Agency/Organization Representative

Representative Signature: _____

Representative Name & Title (Please Print): _____

Representative Phone and Email for Verification: _____

Submit completed and signed volunteer/blood donation verification form via the wellness portal:
www.workforcehealth.org/cityofmilwaukee

Contact Workforce Health with questions: cityofmilwaukee@froedtert.com