

## 3150 LILLY ROAD, BROOKFIELD WISCONSIN 53005 (262) 781-0550

## Adult Volunteer Application

Date: Birthday (year optional):						
Last Name	First Name M.I.					
Nickname (For Name Badge)	Home Phone					
Address	Mobile Phone					
Apt. #	Alternate Phone					
City State Zip	E-mail Address					
What is the best way for us to reach you?  □ E-mail □ Phone Best time to call? □ Other (Please Specify) □  Why would you like to volunteer at the Congregational Home? □  What would you like to get out of your volunteering experience? □  How much time are you interested in spending as a volunteer? □						
	Work Experience					
1 0	High School					
	College					
	College Major					
	Advanced Degrees/Certificates					
Name of School (If Applicable)						

Availability								
Please check the boxes for the days and times you are most often available to volunteer.		S	M	T	W	T	F	S
	Morning							
	Afternoon							
	Evening							

	Volunteer Wo	rk Preferences				
☐ Activity Helper	☐ Alzheimer's Sup	pport Group	☐ Baking Helper			
☐ Bridge Player/Game Player	☐ Caring for Birds	and Bird Cages	☐ Escort for Outings			
☐ Exercise Class Helper	☐ Mail Delivery H	lelper	☐ Music Helper			
☐ Pets Helping People	☐ Popping and Ser	ving Popcorn	☐ Transporting Residents In-House			
☐ Ceramics/Crafts Helper	☐ Feeding Residen	nts	☐ Friendly Visitor			
(Wed and Thursday Afternoons)	(Requires Traini	ng/Certification)	(One-on-One with Residents)			
☐ Gardening Inside and Outside (Planting, Watering, and Weeding)	☐ Reading Aloud t (One-on-One or	Group)	☐ Walking with Residents or Wheeling Residents			
☐ Chapel Helper (Chapel on Sunday Mornings and Catholic Mass on 1 <sup>st</sup> and 3 <sup>rd</sup> Tuesday)	☐ Computer Helpe (Assisting Resident Mail and Internet)	ents with E-	☐ Organizing (Filing, Labeling, Organizing, and Typing)			
☐ Other (Please Specify)	☐ Other (Please Specify)		☐ Other (Please Specify)			
Are you required to volunteer?	•					
Signature	Date					
Character Reference						
Last Name		First Name	M.I.			
Relationship to You	Home Phone					
Address		Mobile Phone				
Apt #	7'	Alternate Phone				
City State	Zip	E-mail				
	<u>For Administr</u>	rative Use Only				
Date Application Received		Notes				
Date Volunteer Contacted						
☐ Name Badge						
☐ Added to Data Base						
☐ Orientation Scheduled						
☐ Signed Forms						
☐ Confidentiality and Safety Overview	,					