



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

## Teen Volunteer Application

Per company policy, we do not accept those who are mandated by court to volunteer.

Date \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

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? \_\_\_\_\_

Education and Work Experience					
Current Employer	Circle Last Grade Completed				
Work Phone	Middle School	6	7	8	
Position Responsibilities	High School	9	10	11	12
	Future Plans/College				

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							

*Please complete the back of this application, too.*

Volunteer Work Preferences		
<input type="checkbox"/> Baking Helper	<input type="checkbox"/> Bingo Helpers	<input type="checkbox"/> Caring for Birds and Bird Cages
<input type="checkbox"/> Escort for Outings	<input type="checkbox"/> Exercise Class Helper	<input type="checkbox"/> Game Player
<input type="checkbox"/> Music Helper	<input type="checkbox"/> Pets Helping People	<input type="checkbox"/> Transporting Residents In-House
<input type="checkbox"/> Watering Plants Inside and Outside	<input type="checkbox"/> Friendly Visitor (One on One with Residents)	<input type="checkbox"/> Organizing and Sorting Materials and Supplies
<input type="checkbox"/> Ceramics/Crafts Helper (Wed and Thursday Afternoons)	<input type="checkbox"/> Chapel Helper (Chapel on Sunday Mornings and Catholic Mass on 1 <sup>st</sup> and 3 <sup>rd</sup> Tuesday)	<input type="checkbox"/> Computer Helper (Assisting Residents with E- Mail and Internet)
<input type="checkbox"/> Organizing (Filing, Labeling, Organizing, and Typing)	<input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Other (Please Specify)

Are you required to volunteer?  Yes By Whom? \_\_\_\_\_  No

How did you hear about our volunteer program? \_\_\_\_\_

Character Reference

Last Name	First Name	M.I.
Relationship to You	Home Phone	
Address	Mobile Phone	
Apt #	Alternate Phone	
City	State	Zip
		E-mail

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Administrative Use Only**

Date Application Received \_\_\_\_\_

Notes \_\_\_\_\_

Date Volunteer Contacted \_\_\_\_\_

Name Badge

Added to Data Base

Orientation Scheduled

Signed Forms

Confidentiality and Safety Overview

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