



VOLUNTEER APPLICATION
(Please Print)

Name: _____

Address: _____

Home phone: (_____) _____ Cell phone: (_____) _____

Email Address: _____

Emergency Contact: _____ Phone: (_____) _____

In the event of an emergency, while serving Bethany Lutheran Homes, the person above will be notified if necessary.

Employer: _____ Since ____/____/____

If retired, former occupation: _____

STUDENTS ONLY:

School name: _____ Year: __FR __SO __JR __SR
of Hours Required: _____ By ____/____/____
Major: _____

Volunteering Information

Where would you like to volunteer?

_____ Adult Day Care (Persons with Developmental Disabilities)

_____ Assisted Living (____ Elderly ____ Memory Care)

_____ Nursing Home (____ Elderly ____ Memory Care ____ Other Special Needs)

Frequency with which you wish to volunteer. (Please check preferences)

__ Weekly __ Every Other Week __ Weekends Only __ Monthly __ Other

Time Preferences/Skills/Abilities (Please check preferences)

____ Mornings: _____ Afternoons: _____ Evenings:
9:00 a.m. -11:00a.m. 1:00 p.m.-4:00 p.m. 6:00-8:30 p.m.

Hobbies, Languages, Skills, Interests:

Past experience volunteering, working with the elderly or adults with disabilities:

How did you hear about our volunteer program?

Please check all volunteer services that interest you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Assist with Activities | <input type="checkbox"/> Sing-a-longs | <input type="checkbox"/> Errands/shopping |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Friendly visit | <input type="checkbox"/> Teach a special talent |
| <input type="checkbox"/> Mail Delivery | <input type="checkbox"/> Reading/Writing | <input type="checkbox"/> Hand massage/manicures |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Help with outings |
| <input type="checkbox"/> Play Cards/Games | <input type="checkbox"/> Adopt-a-Grandparent | <input type="checkbox"/> Walks outside |
| <input type="checkbox"/> Help with parties (making decorations and putting them up) | | |
| <input type="checkbox"/> Help to prepare for Special Events (Christmas, Halloween, Valentines, etc.) | | |

Do you have any limitations that we should be aware of?

If so, please list:

I understand that to be considered for a volunteer experience with Bethany Lutheran Homes, Inc. I must submit to a background check. I authorize Bethany Lutheran Homes to perform a complete volunteer background check.

Birth Date: _____/_____/_____

Legal/Maiden/Former name(s)/Alias: _____

Other states I have lived in within the last 3 years: _____

_____/_____/_____
Signature (in ink) Date

If under 18: Parent's Signature: _____

Parent's Printed Name: _____

Please mail or email your application to:

Donna Miller
2221 Sims Place
La Crosse, WI 54601
(608) 775-4741
DLMille1@gundluth.org