

## Volunteer Information/Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Any Health Limitation: \_\_\_\_\_

Reason for wishing to do volunteer work: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Have you ever been employed and/or volunteered at Grace Lutheran Foundation-American Lutheran Homes-Autumn Village? No \_\_\_\_ If yes, give dates and locations \_\_\_\_\_

Have you lived outside of Wisconsin within the last three years? No \_\_\_\_ If yes, give dates and locations \_\_\_\_\_

### EMPLOYMENT RECORD

List your past three employers. **List most recent position first.**

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_

Description of duties \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_

Description of duties \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_

Description of duties \_\_\_\_\_

Schedule Preference:

Morning  Afternoon  Evening

Monday  Tuesday  Wednesday

Thursday  Friday  Saturday  Sunday

Volunteer Activities of Possible Interest:

Assist with Group Programs

- Arts and Crafts
- Reminiscing
- Exercise Group
- Koinonia
- Table Games
- Chapel
- Monthly Birthday Party
- Special Events
- Let's Talk – Discussion Group
- Bus Outings
- Bible Study
- Trivia
- Bingo
- Baking Group
- Current Events Group

Independently Lead

- Cards (500, Cribbage, other)
- Presentations
- Men's Club
- Women's Club
- Musical Performances
- Rosary

Provide 1:1 Visits

- Conventional Visit
- Letter Writing/Reading
- Current Events
- Reminiscing
- Table Games/Cards
- Reading Aloud
- Sensory Stimulation

Other

- Deliver Mail
- Create Wall Calendars
- Make door Decoration
- Seasonal Decorating

Hobbies/Skills

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: (if under 18) \_\_\_\_\_