



Aging and Disability Resource Center of St. Croix County
1752 Dorset Lane
New Richmond, WI 54017
715-381-4360 or 1-800-372-2333

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____ DOB: _____

City: _____ State: _____ Zip: _____ Sex: _____ Age: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Employment Status: FT PT Retired Student

If employed, may we call you at work? Yes No Best time to reach you: _____

Volunteer Opportunities:

- Adult Day Respite Program – Activities Assistant
- Adult Day Respite Program – Driver
- Congregate Program – Senior Center
- Volunteer Medical Transportation Program
- Home-Delivered Meal Program – Hudson
- Home-Delivered Meal Program – New Richmond
- Home-Delivered Meal Program – River Falls

Please check the times you would prefer to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>				
Afternoon	<input type="checkbox"/>				
Evening	<input type="checkbox"/>				

I am willing to volunteer _____ hour(s) per week month.

Applicable Skills: _____

(Continued)

References – Please list three (unrelated) references who have knowledge of your applicable work/volunteer experience(s).

Name	Address	City	State	Zip	Phone Number
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Emergency Contact Information:

Name	Relationship	Phone number
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- ❖ I understand that as an **ADRC of St. Croix County Volunteer** I will be required to participate in volunteer orientation/training.
- ❖ I acknowledge that as an **ADRC of St. Croix County Volunteer** my references and background may be checked. Signing this form gives my permission for such checks.
- ❖ My signature on this form is my acknowledgement that I will respect the confidentiality of the ADRC of St. Croix County participants I serve.

Signed: _____ Date: _____
(Volunteer)

If under 18, _____ Date: _____
(Parent/Guardian Signature)

All information is kept confidential.

<p><i>For Office Use Only:</i> Ref 1) ____ 2) ____ 3) ____ Cord. Initials Orientation Date _____</p>
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