

WISSOTA HEALTH AND REGIONAL VENT CENTER VOLUNTEER APPLICATION

PERSONAL

First Name	Last Name		
Address			
City	State	ZIP	County
Home Phone	Work Phone		
Age	Date of Birth		

EMERGENCY CONTACTS

Person to Contact	Relationship	Phone Number
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EMPLOYMENT INFORMATION

Current Employer	Position
Address	

EDUCATION

High School/GED- Name and Location	Level/ Year Completed
College/ University- Name and Location	Level/ Year Completed
Special Training (Business, Vocational, etc.) -Name and Location	Level/ Year Completed
Are you presently attending school? Yes No	If YES, name of school
Will you be receiving academic credit for your volunteer work? Yes No	

COMMUNITY/ VOLUNTEER AFFILIATIONS

Church groups, business/ professional organizations, service groups, clubs, etc. Please include any offices held.

Have you ever volunteered elsewhere? Yes No If yes, please specify where and when:

Name of Volunteer Supervisor:	May we contact him/ her? Yes No	Phone:
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HOBBIES, SKILLS, SPECIAL INTERESTS

DESIRED SCHEDULE

Duration of Offer of Services	1-3 mos. _____ 3-6 mos. _____ 6-12 mos. _____ Indefinitely _____
Frequency of Visits	Wkly _____ Twice a Month _____ Monthly _____ Other _____

Days a Week Available Sun _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____

Time of Day Available Morning _____ Afternoon _____ Evening _____ Holiday _____

Length of Time available per visit One Hour _____ Two Hours _____ Three Hours _____ Other _____

Are there any factors that would prevent you from performing certain types of work? Yes No If yes, please explain:

PREFERRED AREAS OF SERVICE

MARK ALL THAT APPLY

RECREATION

<input type="checkbox"/> Go for walks with resident	<input type="checkbox"/> Horseshoes	<input type="checkbox"/> Nature Study
<input type="checkbox"/> Arrange group activities & outings	<input type="checkbox"/> Shuffleboard	<input type="checkbox"/> Shopping
<input type="checkbox"/> Direct group singing	<input type="checkbox"/> Pool	<input type="checkbox"/> Reading groups/ book reviews
<input type="checkbox"/> Organize & direct kitchen band	<input type="checkbox"/> Bowling	<input type="checkbox"/> Library maintenance
<input type="checkbox"/> Conduct discussion groups	<input type="checkbox"/> Plays	<input type="checkbox"/> Current Events
<input type="checkbox"/> Assist with resident newspaper	<input type="checkbox"/> Concerts	<input type="checkbox"/> Operate audio/ visual equipment
<input type="checkbox"/> Organize holiday festivities	<input type="checkbox"/> Movies/ slides	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Play Games:	<input type="checkbox"/> Music/ Sing or Play	_____
<input type="checkbox"/> Chess/ Checkers	<input type="checkbox"/> Drama	_____
<input type="checkbox"/> Scrabble/ Word games	<input type="checkbox"/> Dancing	_____
<input type="checkbox"/> Backgammon/ Dice	<input type="checkbox"/> Photography	_____
<input type="checkbox"/> Cards/ Uno	<input type="checkbox"/> Gardening/ House plants	_____

ARTS AND CRAFTS

<input type="checkbox"/> Paint	<input type="checkbox"/> Embroider	<input type="checkbox"/> Crewel/ needlework
<input type="checkbox"/> Draw	<input type="checkbox"/> Knit	<input type="checkbox"/> Tie Flies
<input type="checkbox"/> Model clay	<input type="checkbox"/> Crochet	<input type="checkbox"/> Braid Rugs
<input type="checkbox"/> Weave	<input type="checkbox"/> Woodworking	<input type="checkbox"/> Quilt
<input type="checkbox"/> Macrame	<input type="checkbox"/> Leather Working	<input type="checkbox"/> Ceramics
<input type="checkbox"/> Sew	<input type="checkbox"/> Latch Hook	<input type="checkbox"/> Tat
<input type="checkbox"/> Pottery	<input type="checkbox"/> Model cars, boats, ...	<input type="checkbox"/> Holiday Crafts
<input type="checkbox"/> Other:		

PERSONAL SERVICES

<input type="checkbox"/> Manicure/ nails	<input type="checkbox"/> Read	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Write letters	<input type="checkbox"/> Visit with residents	

CLERICAL SKILLS

<input type="checkbox"/> Typing	<input type="checkbox"/> Filing	<input type="checkbox"/> Copying
<input type="checkbox"/> Other:		

RELIGIOUS ACTIVITIES

<input type="checkbox"/> Conduct Bible Classes	<input type="checkbox"/> Assist during Services (Catholic and Ecumenical)
<input type="checkbox"/> Sing Hymns/ Choir	<input type="checkbox"/> Provide Social Atmosphere
<input type="checkbox"/> Other:	

MISCELLANEOUS SERVICES

<input type="checkbox"/> Escort/ Transportation of residents	<input type="checkbox"/> Decorating for Different Seasons/ Holidays
<input type="checkbox"/> Mending	<input type="checkbox"/> Making Party Treats or Favors
<input type="checkbox"/> Pet Visits: Type of animal:	<input type="checkbox"/> Other:

Additional Comments, information, or suggestions:

GENERAL INFORMATION

How did you hear about the facility?
Have you ever had a family member or friend in a nursing home?
Why are you volunteering?
Date of last Tuberculin Test (TB)?

REFERENCE (PLEASE DO NOT USE RELATIVES AS REFERENCES)

Name		Relationship
Address		Phone Number
City	State	Zip Code
Name		Relationship
Address		Phone Number
City	State	Zip Code
Name		Relationship
Address		Phone Number
City	State	Zip Code

ACKNOWLEDGMENT & WAIVER

I certify and acknowledge that the information I have given on this application is accurate and true to the best of my knowledge.

I, _____, participate in voluntary activities at

 Wissota Health and Regional Vent Center and agree to the following:

1. That while performing voluntary activities, I acknowledge that I am not an employee of Wissota Health and Regional Vent Center and I am not covered by Worker's Compensation;
2. That I perform these voluntary activities at my own risk.

Print Name	Date
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Signature

PARENTAL PERMISSION FOR MINOR VOLUNTEERS

Youth Volunteers must be 12 years old if they are to be assigned to resident areas or have resident contact. Parental authorization is required for those volunteers under 18 years of age.

I hereby give permission for my minor child to participate as a volunteer at Wissota Health and Regional Vent Center. I understand that my child will be required to follow all rules, policies, and procedures of Wissota Health and Regional Vent Center.

I further understand that my child will have to observe the rules of confidentiality required of all employees and volunteers working in long-term care facilities in the State of Wisconsin. This means the volunteer cannot discuss specific resident's personal or medical information with persons other than the volunteer's supervisor, nursing staff, or the Volunteer Coordinator. This ensures the resident's rights to privacy of information as guaranteed by both federal and state laws.

I understand that if my child or I have concerns, we may contact the Volunteer Coordinator, Rachel Brion,

for assistance at 715-723-9341 ext. 270.

Child's Name

Date

Parent's Name (Printed)

Parent's Signature