## SHOREHAVEN SERVICE LEAGUE OF VOLUNTEERS

1305 W. Wisconsin Ave., Oconomowoc, WI 53066 (262) 560-6915 VOLUNTEER APPLICATION

Shorehaven's Mission Statement: "Reflecting Christ's love, we provide homes and resources for seniors".

Name:								
Last		First			Initial			
Address:_	Street		City		State		Zip	
Home nho			·	-	Birthdate_		2.17	
						Month	Day	
E-mail add	dress:			· · · · · · · · · · · · · · · · · · ·			<del></del>	
Cell phone	e:						<del></del>	
Place of er	mployment							
May we ca	ıll you at work i	if necessary?Y	esNo If	so phone	‡			
		<b>EMERGENC</b>	Y INFORM.	ATION				
		cident or illness while ow will be called if n	_	horehaven o	or in a Shorel	haven spo	onsored	
Name:			Relationship					
Address:								
	ome):(Business)							
		PERSONAL	INFORMA	TION				
1. Why are	vou interested i	n volunteering?						
i vily wie	J 04 22200 0 500 4 22	- · · · · · · · · · · · · · · · · · · ·						
2 Diam Ka	4 1-111- 1	b-bbi4	41 4	-14 19 4				
2. Please iis	st any skilis, lang	uage, hobbies, etc.	tnat you woi	ula like to s	nare:			
3. Describe	your previous ex	xperience working v	with or relat	ing to older	adults:			
4. Please de	escribe any previ	ous volunteer exper	rience:				_	
_		cted of a felony, misno If yes			e violation	other tha	ın a	

(Volunteers are subject to a thorough background check upon application).

6. How did you hear about our volunteer program?									
PLEASE CHECK AREA(S) OF VOLUNTEER SERVICES WHICH INTEREST YOU:									
Assist with activities	Friendly visiting	Cerami	cs						
Gardening	Sewing/mending	Deliver	Mail						
Special Events (fall fest, etc.)	Play cards	Progra	m Escort						
Resale Shop	Beauty shop escort	Corner	Store & Gifts						
Chapel escort	Life Enrichment								
Other:									
Which day(s) and time would you prefer to volunteer?									
MondayTuesdayWednesdayThursdayFridaySaturdaySunday									
Do you prefer:WeeklyBi-MonthlyMonthlya.m.'s (9:30-11:30) orp.m.'s (1-3)									
Please list two (2) references that we may contact (not family):									
Name	Address	Phone	Relationship						
Name	Address	Phone	Relationship						
Applicant  Signature									
I authorize Shorehaven to publish my name, picture, testimonials and/or survey results in marketing materials which promote the organization and its programs. This includes but is not limited to: video, advertising, publications, website, annual reports, committee reports and social media.  I understand no compensation will be paid to me. I understand that Shorehaven will be held harmless for any unauthorized reproduction of information by parties not authorized by the									
organization.									
Signature	Phone	Date							
*CDC and Wisconsin State Divisio	n of Health guidelines, requi	res that <u>ALL</u> volunt	eers be tested yearly						

\*CDC and Wisconsin State Division of Health guidelines, requires that <u>ALL</u> volunteers be tested yearly for TB. Before you begin your volunteer assignment, you will need to see our Occupational Nurse. She will administer the TB test at no cost and set up an appointment to have it read within 48-72 hours. If there is a problem or if you have already had a TB test this year, please let the Manager of Volunteer Services know. Thank you for your cooperation.