

Volunteer Application

Cedar Crest Inc., 1702 S. River Road, Janesville, WI 53545

Date _____ Name _____
 Address _____ Apt. # _____
 City _____ State _____ Zip code _____

Best Phone to reach you _____ Type of Phone - Circle One: Home Work Cell
 Email _____ Do you check email regularly? Yes ___ No ___

Current Status – Please circle all that apply:

Student Seeking Employment Employed Retired Other: _____

Are you currently a student? Yes ___ No ___ If yes, what school? _____ Grade? _____
 Extracurricular Activities Involved In: _____

For Students under Age 18 (Note: High School age and older can volunteer independently. Age 10 through Middle School must volunteer with a parent or guardian. Younger than age 10 must have Volunteer Coordinator approval.):

Age? _____ Parent(s) or Guardian(s) Name(s): _____
 Parent or Guardian – Best Phone to reach you: _____

Why do you want to volunteer at Cedar Crest? _____

How often do you want to volunteer? _____ More than once per week _____ Once per week
 _____ Twice per month _____ Once per month _____ Other

How long do you plan to stay with us? _____

Do you have required volunteer hours? ___ No ___ Yes (explain purpose/how many hours): _____

Volunteer Availability: (circle all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon
1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM
6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM

What type of volunteering are you interested in? Circle all that apply: Bingo Community outings
 One to one visits Wheelchair walks Chapel services Mail delivery Pet visits Indoor sports
 Musical performances Games and cards Share your special skill with residents _____

All of the above information is given freely and without reservation, and is true and correct to the best of my knowledge. I understand that falsification of this application is reason for rejection or closure and the placement of volunteers is at the discretion of Cedar Crest. I must complete an interview and orientation by the Volunteer Coordinator prior to beginning volunteer work. Should I be offered a volunteer position, any misrepresentation by me may lead to termination. I also understand that either Cedar Crest or I can terminate my volunteer service, with or without cause and/or notice, at any time. If accepted, I will abide by the rules and regulations of Cedar Crest. I understand that completing the application process does not guarantee acceptance as a volunteer.

Signature of Volunteer _____ Date _____

Signature of Parent/Guardian if under 18 _____ Date _____

Please refer any questions to the volunteer coordinator, Linda Lyke, at 608-373-6327.

Last update 11/10/17