



## New Volunteer Application

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

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ May we contact you at work? No Yes

Cellphone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Do you have Facebook? No Yes Name: \_\_\_\_\_

1. Marital status:      Single      Married      Widow(er)      Divorced
2. Partner's Name: \_\_\_\_\_
3. Present Occupation: \_\_\_\_\_
4. Employer: \_\_\_\_\_
5. Military Service:      Veteran      Reservist      Spouse of Veteran
6. Do you belong to a local church? No Yes \_\_\_\_\_
7. Relevant previous jobs, volunteer experience, and skills: \_\_\_\_\_  
\_\_\_\_\_
8. General interests and hobbies: \_\_\_\_\_  
\_\_\_\_\_
9. Any special considerations for your placement (distance from home, preference for age or gender of client)? \_\_\_\_\_
10. Do you have any conditions that may limit your volunteer activities? No  
Yes \_\_\_\_\_
11. Do you mind smoking? No Yes
12. Are you allergic to pets? No Yes

13. I enjoy working with:

Dementia/Early Alzheimer's      Mental Illness      Adults w/Disabilities  
Languages spoken?      ASL      Spanish      Other: \_\_\_\_\_

14. Emergency Contact:

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

Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Screening Information: If you are interested in driving for Staying Put, Inc., please bring a copy of your Driver's License and up-to-date insurance information.

15. Do you have a valid Driver's License?    No      Yes      Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

16. Vehicle Make, Model & Year: \_\_\_\_\_

17. Vehicle Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

18. Have you ever been convicted for violation of any laws, traffic or otherwise?    No

Yes    Please explain: \_\_\_\_\_

19. References: Please list two people we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend.

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

Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**I hearby give my consent for Staying Put Inc. to contact my references and to conduct a routine background check.**

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

If you submit this form electronically, you can sign at volunteer orientation.  
Email [info@stayingputinc.org](mailto:info@stayingputinc.org), or print and mail to:  
PO Box 193, Spring Valley, WI 54767



Staying Put, Inc.

# Volunteer

## INTERESTS & AVAILABILITY

Please mark which tasks and times would be best for you below.

### CLIENT-FOCUSED

- |   |  |
|---|--|
| <input type="checkbox"/> Phone Calls                        | <input type="checkbox"/> Light Housework/ Errands            |
| <input type="checkbox"/> Friendly Visits                    | <input type="checkbox"/> Home Maintenance/<br>Handyman Tasks |
| <input type="checkbox"/> Meals on Wheels                    | <input type="checkbox"/> Yard Work                           |
| <input type="checkbox"/> Respite/Caregiver<br>Relief Visits | <input type="checkbox"/> Technical/Electronics Help          |

### TRANSPORTATION

- |  |  |
|--|--|
| <input type="checkbox"/> Local Only                    | <input type="checkbox"/> Mornings                    |
| <input type="checkbox"/> Elmwood Based                 | <input type="checkbox"/> Afternoons                  |
| <input type="checkbox"/> Pierce/ St. Croix<br>Counties | <input type="checkbox"/> Multiple Stop Trips         |
| <input type="checkbox"/> Twin Cities                   | <input type="checkbox"/> Handicap Accessible Vehicle |

### ORGANIZATIONAL

- |  |  |
|--|--|
| <input type="checkbox"/> Office Help               | <input type="checkbox"/> Bookkeeping/ Data Entry               |
| <input type="checkbox"/> Special Events            | <input type="checkbox"/> Fundraising/ Grant Writing            |
| <input type="checkbox"/> Language Skills           | <input type="checkbox"/> Nursing/Social Work                   |
| <input type="checkbox"/> Classes/ Talks/<br>Crafts | <input type="checkbox"/> Board of Directors/<br>Advisory Board |

### AVAILABILITY

- |                  |                                  |                                      |                                    |                                  |
|------------------|----------------------------------|--------------------------------------|------------------------------------|----------------------------------|
| <b>Monday</b>    | <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch Hour  | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Tuesday</b>   | <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch Hour  | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Wednesday</b> | <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch Hour  | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Thursday</b>  | <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch Hour  | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Friday</b>    | <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch Hour  | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <b>Weekends</b>  | <input type="checkbox"/> Morning | <input type="checkbox"/> Brunch Time | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |