



**Aging and Disability Resource Center  
of Waukesha County**

A Division of Health and Human Services

Local: (262) 548-7848, (866) 677-2372, Fax (262) 896-8273

**VOLUNTEER APPLICATION**

*All information contained in this document is confidential.*

**Please Print and Press Firmly**

Name/Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_  
(Use legal name)

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Male / Female \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Email (optional) \_\_\_\_\_  
(Circle One) (month / day / year)

How did you hear about us? \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

Interests, Skills, Hobbies \_\_\_\_\_

Clubs, Organizations you belong to \_\_\_\_\_

Have you volunteered before? Yes \_\_\_ No \_\_\_ Describe the work: \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_ May we contact Agency? Yes \_\_\_ No \_\_\_

**EMPLOYMENT HISTORY**

Name of current employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Date Employment Began \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

May we contact employer? Yes \_\_\_ No \_\_\_ Description of duties \_\_\_\_\_

**REFERENCES** *(not a relative)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

**Driving Information**

If you are volunteering for a position that requires driving, Waukesha County policy requires a valid Wisconsin driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one? Yes \_\_\_\_\_ No \_\_\_\_\_

**As a volunteer, I agree to provide a valid Wisconsin driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to the Aging and Disability Resource Center so that they can be filed with this application.**

Automobile insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Driver's license number \_\_\_\_\_

The Aging and Disability Resource Center of Waukesha County does not encourage volunteers accompanied by minor children, but will not prohibit the practice if the child in the company of the volunteer is over the age of six. Volunteers accompanied by a child while performing volunteer work do so at their own risk and assume any liability for injury to the child.

Will you have someone riding with you in the car? Yes \_\_\_\_\_ No \_\_\_\_\_ If child, provide age \_\_\_\_\_

**Criminal History**

Have you ever been convicted of a misdemeanor or felony or are any misdemeanor or felony charges pending against you? If yes, please explain. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities.)

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer's Acknowledgement of Confidentiality:** As a volunteer, I agree that matters pertaining to clients of the Aging and Disability Resource Center of Waukesha County are confidential. I agree that I will not discuss or disclose any of this information with anyone outside of the Aging and Disability Resource Center at any time.

**Signature:**

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Waukesha County to conduct driver license, motor vehicle record, and criminal background checks, as needed, as well as reference checks to determine my suitability for placement. I hereby release all parties from any liability for furnishing this information.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Print name of Volunteer \_\_\_\_\_

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**Parental Consent:** *(To be completed if applicant is under 18 years of age.)*

I give my consent for my child, named on page one of this application, to provide volunteer services to Waukesha County. I also give Waukesha County my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**Waukesha County acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER PROGRAMS

Check the applicable program(s).

**Senior Dining Program**

- \_\_\_ Senior Dining Assistant – Assistance to set up, serve, and clean up at a senior dining center, welcome guests, assist with registration, assist individuals to the dining center, or assist with packing meals for the homebound. Other duties may include delivery of meals in the building or counting donations.
- \_\_\_ Senior Dining Driver – Drivers transport dining guests to and from senior dining center.
- \_\_\_ Home Delivered Meal Driver – Drivers deliver meals to homebound individuals on a specific route.
- \_\_\_ Non-driving Delivery Assistant – Assist the Home Delivered Meal Driver deliver meals to homebound individuals on specific routes.
- \_\_\_ Medical Professional – Take blood pressure readings at Senior Dining Centers. Help 1-2 hrs/month at the site.

Please check the appropriate Senior Dining Center.

- |                |                     |  |                |
|----------------|---------------------|--|----------------|
| ___ Brookfield | ___ LaCasa          | ___ Muskego                                    | ___ Oconomowoc |
| ___ Butler     | ___ Menomonee Falls | ___ New Berlin                                 | ___ Sussex     |
| ___ Hartland   | ___ Mukwonago       | ___ Expo ( <i>for meal distribution only</i> ) |                |

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- Benefit Specialist Volunteer** – Help older adults with insurance, medical bills, Medicare, legal issues, social security and other benefits, and provide assistance filling out forms, filing, etc.
- Eldereach** – Call on older adults to assess their needs, and to inform them about services available in the community.
- Friendly Visitor** - Visit older adults who may not have family or friends nearby and are in need of companionship. Volunteers spend 1-2 hours a week visiting with and taking the older adult out for a variety of reasons such as shopping, doctor appointments, lunch, church, etc.
- Greeter** – Greet and direct visitors to offices or departments at the Courthouse, Administration Center, and other government facilities. Greeters also assist with special projects such as mailings, collating papers, etc.
- Group Activities** – Assist older adults with lawn work, home clean-up projects, small repairs, etc., to allow them to stay in their own homes as long as possible.
- Office Assistant** - Assist the office staff with a variety of duties such as answer phones, make phone calls, prepare mailings, file, complete computer data entry, prepare materials for conferences, collate, prepare packets, assist with recognition event, distribute caregiver library information, etc.
- Special Needs Visitor** – Visit older adults with special needs. A one-year commitment is required.
- Volunteer Guardian of the Person** - Appointed by probate court to make decisions for another adult who the court has determined is not capable of making decisions for him or herself.



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**VOLUNTEER VEHICLE USE AGREEMENT**

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*Driver Name – First, Middle Last*

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*Volunteer Supervisor/Program*

**If you are volunteering for a position that requires driving, Waukesha County policy requires a valid Wisconsin driver's license and proof of automobile insurance.**

Volunteer Agreement

I currently possess a valid Wisconsin driver's license or commercial driver's license and will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

I understand that the County may request my driving record from the Department of Transportation.

If operating a personal vehicle on County business, I will maintain automobile liability insurance coverage on the motor vehicle.

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*Driver's Signature*

*Date*

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*Volunteer Supervisor's Signature*

*Date*