



Morrow Home Community

331 S. Water St., Sparta, WI 54656

608-269-3168

www.morrowhome.org

Please return completed application to Lindsey Taylor, CTRS-Director of Recreation Therapy

Email: ltaylor@morrowhome.org Fax: (608) 269-7642

Morrow Memorial Home considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

VOLUNTEER APPLICATION

Full Name:						Date:			
Last		First		MI					
Address:									
Street Address		Apartment/Unit #							
City		State		Zip Code					
Phone:	HOME: () -	CELL: () -	Email Address:						
How did you learn about Morrow Memorial Home?		Newspaper Advertisement _		Relative/Friend _____		Online Advertisement			
		YES		If yes, when?					
		NO							
Do you have any relatives currently employed by Morrow Memorial Home?		YES		If yes, who?					
		NO							
Have you ever been convicted of a felony?		YES		If yes, explain:					
Conviction will not necessarily disqualify an applicant from becoming a volunteer		NO							

Volunteering Information

Days Available: Mon ___ Tues Wed Thurs Fri Sat Sun

Time Available: AM PM

Frequency: Daily Weekly Bi-Weekly Monthly

Are there any skills/hobbies you would care to use in your volunteer work?

Have you had any previous experience working/volunteering with seniors?

Please check all volunteer services that interest you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Assist w/Group Activities | <input type="checkbox"/> One Time Needs | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Reading/Storytelling | <input type="checkbox"/> Letter Writing |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Assist w/ Church Services | <input type="checkbox"/> Clerical work |
| <input type="checkbox"/> Visiting | <input type="checkbox"/> Nails/Manicures | <input type="checkbox"/> Assist with making popcorn |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Outings | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Play cards/Games | <input type="checkbox"/> Mail Delivery | <input type="checkbox"/> Men's Club |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Outside walks | <input type="checkbox"/> Women's Club |
| <input type="checkbox"/> Program Escort | <input type="checkbox"/> Pet Visits | <input type="checkbox"/> Music/Play Instrument |
| <input type="checkbox"/> Hobby Workshops | <input type="checkbox"/> Parties/Socials | <input type="checkbox"/> Other: _____ |

REFERENCES

Please list two personal references

Full Name:		Relationship:	
Phone:	() -	Email:	
Full Name:		Relationship:	
Phone:	() -	Email:	

DISCLAIMER AND SIGNATURE

I understand that Morrow Memorial Home will verify all data given on the application, on related papers, and in interviews, I authorize all individuals named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that for the health and well-being of those I will be working with, all Morrow Memorial Home employees/interns/volunteers are asked to be tested upon starting for Tuberculosis. This test will be administered and paid for by Morrow Memorial Home (an information sheet about the test will be provided upon request).

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of an internship. My typed signature below indicates agreement with the above statements

Signature:		Date:	
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