



OAKWOOD VILLAGE

Continuing Care Retirement Communities

OUR MISSION

Oakwood is a Lutheran church-sponsored organization whose mission is to serve older persons through loving, caring Christian communities responding to their physical, social, emotional, intellectual and spiritual needs, and to encourage a sense of independence, individuality, dignity, and worth throughout life.

VOLUNTEER SERVICES APPLICATION FORM

NAME (First, Middle, Last): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

CURRENT STATUS – Please circle one:

Student Seeking Employment Employed Retired Other: _____

IF EMPLOYED, CURRENT EMPLOYER: _____

OCCUPATION: _____ WORK PHONE: _____

IF A STUDENT, WHAT SCHOOL DO YOU ATTEND AND GRADE/YEAR ARE YOU IN?

IF YOU WISH TO VOLUNTEER AS A DRIVER, DO YOU HAVE YOUR OWN AUTOMOBILE (required)?

_____ YES _____ NO

IF YES, DO YOU HAVE A VALID DRIVERS LICENSE AND VALID AUTOMOBILE INSURANCE (required)?

_____ YES _____ NO

****NOTE**** Oakwood Village carries liability insurance, but requires that all volunteers who transport residents in their vehicles maintain their own insurance policies. Your insurance policy is the primary coverage and Oakwood=s is secondary.

HAVE YOU BEEN TICKETED OR ARRESTED FOR ANY TYPE OF OFFENSE, OR CONVICTED OF A CRIME? _____ YES _____ NO

IF YES, PLEASE EXPLAIN WHEN, WHERE AND DESCRIBE YOUR CONDUCT: _____

WHAT IS YOUR ETHNIC ORIGIN (optional)?

_____ Native American/Alaskan Native _____ Caucasian
_____ Asian/Pacific Islander _____ Hispanic/Latino
_____ African American _____ Other _____

___ MALE ___ FEMALE BIRTHDATE (Month, Date & Year): _____

REFERENCES (Please list two references not related to you whom we may contact.):

NAME: _____ E-MAIL OR PHONE: _____ RELATIONSHIP: _____

NAME: _____ E-MAIL OR PHONE: _____ RELATIONSHIP: _____

All of the above information is given freely and without reservation, and is true and correct to the best of my knowledge. I understand Oakwood Village Retirement Communities requires a background check for volunteer applicants (for applicants 18 years old and older) and I grant my permission for such a check. I understand that falsification of this application is reason for rejection or closure, and the placement of volunteers is at the discretion of Oakwood Village.

SIGNATURE: _____ DATE: _____

***** **FOR OFFICE USE ONLY** *****

Volunteer: _____

Background Check Completed: _____

Type: _____

Reference Checks Completed: _____

Date of Interview: _____

Application Accepted: _____ Yes _____ No

ASSIGNMENT INTEREST(S):

ASSIGNMENT PLACEMENT(S):

NOTES:

**OAKWOOD VILLAGE VOLUNTEER SERVICES
EXPERIENCE AND INTEREST QUESTIONNAIRE**

Dear Volunteer Applicant,

Please check off areas to indicate your relevant experience and interests that will assist us in finding a rewarding volunteer position related to our current opportunities. We will discuss what we can arrange for you to do as a volunteer.

RESIDENT CARE SERVICES		RETAIL/BUSINESS		COMMUNICATION	
Lead an activity		Cashier		Foreign Language	
Transport residents to activities, chapel services or other locations		Customer Service		Photography	
One-to-one friendly visiting		Display		Writing	
Driver		Manager		Editing	
		Marketing		Public Speaking	
		Other:		Other:	
FINANCIAL		OFFICE/CLERICAL		OTHER SKILLS	
Accounting		Computer (programs)		Food Service	
Banking		Typing (WPM)		Pet Therapy Visits	
Bookkeeping		Copying		Musical Entertainment	
Tax Preparation		Fax		Bus Trips Escort	
Other:		Filing		Art Therapy	
		Mailing		Music Therapy	
LEADERSHIP		Data Entry		Aviary Care	
Board of Directors		Other:		Gardening	
Chair/President				Arts & Crafts	
Vice President				Fund Raising	
Secretary				Legal Service	
Treasurer				Special Event Planning	
Committee Member					
Other:					
PLEASE LIST OTHER RELEVANT INTERESTS, EXPERIENCE OR HOBBIES YOU MAY HAVE BELOW:					



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**OAKWOOD VILLAGE VOLUNTEER SERVICES
6201 Mineral Point Road, Madison, WI 53705**

TEEN VOLUNTEER APPLICANT PARENTAL CONSENT FORM

Our/my daughter/son, (print name) _____,
has our/my consent to serve as a volunteer at Oakwood Village.

Date _____

Parent=s Name (Please print) _____

Parent's Signature _____

Street Address _____

City, State & Zip Code _____

Phone (work) _____ (home) _____