



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.

TEEN VOLUNTEER SERVICES APPLICATION FORM

NAME: _____

LOCAL PHONE: _____ CELL PHONE: _____

LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT - NAME: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

SCHOOL & GRADE: _____

PARENT=S NAME(S): _____ WORK PHONE: _____

PARENT=S ADDRESS (if different from above): _____

_____ PARENT=S PHONE: _____

HOW DID YOU FIND OUT ABOUT OAKWOOD VILLAGE? (Please circle all that apply)

Friend School Website Radio TV Newspaper Walk/Drive By Other: _____

WHY DO YOU WANT TO VOLUNTEER AT OAKWOOD VILLAGE? _____

HAVE YOU VOLUNTEERED BEFORE? _____ IF YES, WHERE DID YOU VOLUNTEER AND WHAT DID YOU DO? _____

_____ MALE _____ FEMALE BIRTHDATE: _____

WHICH ETHNIC GROUP DO YOU IDENTIFY MOST CLOSELY WITH (optional)?

_____ American Indian or Alaskan Native _____ Caucasian
_____ Asian or Pacific Islander _____ Hispanic
_____ African American _____ Other _____

REFERENCES (Please list two personal/professional references):

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

As a volunteer applicant, 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 the placement of volunteers is at the discretion of Oakwood Village.

SIGNATURE: _____ DATE: _____

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

Volunteer: _____

Type: _____

Date of Interview: _____

Reference Checks Completed: _____

Application Accepted: _____ Yes _____ No

ASSIGNMENTS:

NOTES:

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

TEEN VOLUNTEER APPLICANT PARENTAL CONSENT FORM

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

Date _____

Parent=s Signature _____

Street Address _____

City, State & Zip Code _____

Phone (work) _____ (home) _____