

Assisted Living Communities by Hillcrest

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering.

- Art Baking/Cooking
 Companion/Visits Woodworking
 Crafts Jewelry Making
 Entertainment Manicures
 Exercise Painting
 Games Journaling
 Gardening Other
 Sewing/Knit/Crochet

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

PLEDGE OF CONFIDENTIALITY

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, or other person or involves overall agency business. Failure to maintain confidentiality may result in termination of the volunteer's relationship with the agency or other corrective action.

Our agency accepts the service of all volunteers with the understanding that such service is at the sole discretion of the agency. Volunteers agree that the agency may at any time, for whatever reason, decide to terminate the volunteer's relationship with the agency.

The volunteer may at any time, for whatever reason, decide to sever the volunteer's relationship with the agency. Notice of such a decision should be communicated as soon as possible to the volunteer's supervisor.

Signature of Volunteer

Date

Allouez Parkside Village
Building #1
1901 Libal Street
Green Bay, WI 54301
Phone 920-430-8500
Fax 920-430-8505

Brillion West Haven
220 Achievement Drive
Brillion, WI 54110
Phone 920-756-9100
Fax 920-756-9103

Birch Creek
525 N. Tenth Street
De Pere, WI 54115
Phone 920-964-3737
Fax 920-964-0614

Bishop's Court
289 E. St. Joseph Street
Green Bay, WI 54301
Phone 920-435-2729
Fax 920-435-3403

Allouez Sunrise Village
279 E. St. Joseph Street
Green Bay, WI 54301
Phone 920-430-8660
Fax 920-430-8663

Allouez Parkside Village
Building #2
1901 Libal Street
Green Bay, WI 54301
Phone 920-432-3322
Fax 920-432-0370