MARQUARDT VILLAGE
1020 Hill Street
Watertown, WI 53098

TEEN VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip:_____

Home Phone: _____ Cell Phone: _____ E-Mail Address: _____

School and Grade: _____

Parent's Name (s): _____

Parent's Cell Phone:_____

Emergency Contact (if different):_____ Phone Number: _____

How Did You Hear About Marquardt Village?: _____

Volunteer Experience (please include responsibilities):_____

_____

Hobbies, Interests, Skills, Activities: _____

Church Affiliation: _____

Health Problems or Physical Limitations: _____

Availability (Please list frequency and potential times available): _____

_____

Have You Ever Been Charged With Or Convicted Of An Offense? (If yes, please explain):_____

_____

Have You Ever Been Dismissed From Volunteer Service Due To Abuse Of Residents Or Clients? (If yes, please explain): _____

Information Needed For Background And/Or Driver Record Check:

Male _____ Female _____ Birthdate _____

References (Please list two personal or professional references):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Volunteer Opportunities (Please check all interests that apply):

_____Being a friendly visitor (reminiscing, sharing your pet, reading, writing letters)
_____Assisting with activities and events
_____Working in the coffee/gift shop
_____Driving residents to medical appointments or to do personal shopping
_____Helping with worship services
_____Sitting with someone who is very ill or dying
_____Helping at mealtimes
_____Providing clerical support
_____Knitting or crocheting prayer shawls and other projects
_____Playing bingo or other games
_____Gardening
_____Other _____

All of the above information is true and correct to the best of my knowledge. I understand that providing false information on this application is reason for being turned down or terminated as a volunteer. I understand that Marquardt Village may require a police/background check for volunteer applicants and I grant my permission for such a check. I also understand that while every effort will be made to respect my volunteer preferences, the placement of volunteers is at the discretion of Marquardt Village.

Signature: _____ Date: _____

----------For Office Use Only----------

Volunteer Name: _____ Date Of Application: _____

Date Of Interview And Orientation: _____

Background/Reference Checks Completed: _____

Application Accepted: _____ Yes _____ No

Placement(s) _____

_____