



## ADULT VOLUNTEER APPLICATION

(Please print all answers)

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Volunteer Categories *(check all that apply)*

- Year-Round Volunteer (18+)    Summer Volunteer (18+)    College Student

Have you ever volunteered with us before?    Yes    No

If yes, what year(s)? \_\_\_\_\_   What Departments? \_\_\_\_\_

Are you required to have volunteer service hours?    Yes    No

### Prior Volunteer Service

Agency: \_\_\_\_\_   Date: \_\_\_\_\_

Agency: \_\_\_\_\_   Date: \_\_\_\_\_

### Interests and Preferences *(check all that apply)*

- Computer Skills    Clerical    Bookkeeping    Greeting People    Art    Knitting/Crafts

Others: \_\_\_\_\_

### Availability *(check preference)*

- Monday    Tuesday    Wednesday    Thursday    Friday    Weekends

Time of Day:    Morning    Afternoon    Evening

*(Evening and weekend opportunities may not be available at all locations)*

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**References** *must be over 21 years old and not a family member  
(Complete in full)*

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*I understand that I will not be paid for my services as this is strictly volunteer work. I certify that the statements made in this volunteer application are true and correct to the best of my knowledge. I understand that my volunteer placement is contingent upon satisfactory completion of a background check, employee health screenings, orientation, and training.*

**Applicant Signature:** \_\_\_\_\_

**Mail completed application along with the Background Disclosure form to your volunteer location:**

**ThedaCare Regional Medical Center-Appleton**  
Volunteer Services Department  
1818 N. Meade Street  
Appleton, WI 54911

**ThedaCare Regional Medical Center-Neenah**  
Volunteer Services Department  
130 Second Street  
Neenah, WI 54956

**ThedaCare Medical Center-New London**  
Volunteer Services Department  
1405 Mill Street  
New London, WI 54961

**ThedaCare Medical Center-Shawano**  
Volunteer Services Department  
100 County Road B  
Shawano, WI 54166

**ThedaCare Medical Center-Waupaca**  
Volunteer Services Department  
800 Riverside Drive  
Waupaca, WI 54981

**ThedaCare Medical Center-Berlin**  
Volunteer Services Department  
225 Memorial Drive  
Berlin, WI 54923

**ThedaCare Medical Center-Wild Rose**  
Volunteer Services Department  
601 Grove Avenue  
Wild Rose, WI 54984

***Thank you! You will be contacted upon receipt of your application.***