

West Allis Senior Center Volunteer Application

For Office Use Only: (rev. 05/09/2019)

Name: _____

Application Date: _____

Address: _____

New Renewal

Volunteer Identification Photo

Phone: _____ Date of Birth: _____

(Optional - for annual birthday greetings)

Occupation: Homemaker Retired Employed
 Unemployed Self-employed
 Student – Name of School: _____

Past & Present Employment History: _____

Job Title and Duties: _____

Volunteer Experience: _____

Special Talents/Skills/ Hobbies: _____

Volunteer Time Commitment & Preference: (Please check all that apply)

Mondays Tuesdays Wednesdays Thursdays Fridays
 AM PM AM PM AM PM AM PM AM PM

(Regular Office and Membership Volunteers are needed – (Morning Shift – 8:30 – 12:30 p.m. Afternoon Shift – 12:30 – 4:30 p.m.)

Volunteer Areas of Interest

(Please check all that apply)

Community Service “Gifts of Warmth”: (Please check your specific interest(s):

- Knit/crochet hats, scarves and/or mittens for needy children.
- Sew baby quilts/ make baby caps & booties or baby afghans for Stork’s Nest
- Knit/crochet 9”x 7” afghan rectangles for “Warm Up America”.
- Knit, Crochet or sew lap robes for frail elderly

- | | | |
|---|--|--|
| <input type="checkbox"/> Chorus/Sing-A-Long Group | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Decorate for Holidays |
| <input type="checkbox"/> Group Facilitator/Leader | <input type="checkbox"/> Class Instructor | <input type="checkbox"/> Cashier |
| <input type="checkbox"/> Intergenerational Involvement | <input type="checkbox"/> Bulk Mailings/Collating | <input type="checkbox"/> Building Tour Guide |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Plant Caretaker | <input type="checkbox"/> Procurement |
| <input type="checkbox"/> Help with Special Events | <input type="checkbox"/> Food/Refreshment Server | <input type="checkbox"/> Audio Visual Operator |
| <input type="checkbox"/> Food Prep Helper | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Hospitality Greeter |
| <input type="checkbox"/> Still and/or <input type="checkbox"/> Video Photographer | <input type="checkbox"/> Fish Tank Caretaker | <input type="checkbox"/> Presenter/Speakers Bureau |
| <input type="checkbox"/> Filing/Record Keeping | <input type="checkbox"/> Telephoning | <input type="checkbox"/> Bulletin Boards |
| <input type="checkbox"/> Cleaner/Organizer | <input type="checkbox"/> Event Clean-up Crew | <input type="checkbox"/> Rummage Sale Helper |

Provide Help Using Microsoft Office - Word Excel Publisher PowerPoint

Social Media Competent - Facebook Skype Twitter Pinterest LinkedIn _____

Musical Entertainer: Please specify talent(s): _____

Instructor/Group Leader: Please specify: _____

Speaker/Presenter: Please list topic(s): _____

Other – Please specify: _____

Objectives for Volunteering:

- Learn New Skills Job Experience Meet People Develop New Skills Use Skills Have Fun
- Help The Community Give Back Stay Active Other (please specify): _____

In case of an emergency, notify:

Spouse Son/Daughter Friend Other _____ Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

List two references or friends:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Zip: _____ Phone: _____ Zip: _____

Important Notice - Please read and then sign and date in the area indicated below:

I understand that the West Allis Senior Center requires a police/background check. By signing below, I grant my permission for such a check.

Signature: _____ Date: _____ Date of Birth ____ - ____ - ____

Print Legal Name including middle initial: _____

For Office Use Only:

Orientation Date: _____ Training Dates: _____

Please place volunteer hours label below:

**Volunteer Processing Checklist:
(Please check and initial when complete):**

Volunteer Mailing List _____

Volunteer Birthday File _____

Volunteer Hours _____

Staff Contact Information

Denise Koenig _____

Sharon Roy _____

Agency/Volunteer Agreement _____

Community Service Contact:

Non-Discrimination Statement – The City of West Allis does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans’ status, sex, national origin, disability or any other legally protected status in the admission or access to, or treatment or employment in, its services programs or activities.

Americans With Disabilities Act Notice – Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

Limited English Proficiency Statement – It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services or benefits.