



**Morrow Memorial Home  
331 South Water Street  
Sparta, WI 54656**

**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Since: \_\_\_\_/\_\_\_\_/\_\_\_\_

If retired, former occupation: \_\_\_\_\_

If student, School Name: \_\_\_\_\_ Year: Fr So Jr Sr

# of hours required : \_\_\_\_\_ By: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*In the event of an emergency, while serving at Morrow Memorial Home, the person above will be notified if necessary.*

**Volunteering Information**

Days available: (Circle) Mon Tues Wed Thurs Fri Sat Sun

Hours available: \_\_\_\_\_ Morning \_\_\_\_ Noon \_\_\_\_ Night \_\_\_\_

Frequency: (Circle) Daily Weekly Bi-Weekly Monthly

Are there any skills/hobbies you would care to use in your volunteer work?

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Have you had any previous volunteer experience or worked with seniors?

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**Please check all volunteer services that interest you:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Assist with Activities | <input type="checkbox"/> One Time Needs           | <input type="checkbox"/> Letter Writing             |
| <input type="checkbox"/> Crafts                 | <input type="checkbox"/> Lawn/Garden Care         | <input type="checkbox"/> Reading/ storytelling      |
| <input type="checkbox"/> Decorating             | <input type="checkbox"/> Assist w/Church Services | <input type="checkbox"/> Clerical work              |
| <input type="checkbox"/> Visiting               | <input type="checkbox"/> Nails                    | <input type="checkbox"/> Coffee host/ hostess       |
| <input type="checkbox"/> Gardening              | <input type="checkbox"/> Outings                  | <input type="checkbox"/> Assist with making popcorn |
| <input type="checkbox"/> Play cards/ Games      | <input type="checkbox"/> Hobby Workshops          | <input type="checkbox"/> Educational Programs       |
| <input type="checkbox"/> Music/ Play Instrument | <input type="checkbox"/> Mail Delivery            | <input type="checkbox"/> Volunteer Shopper          |
| <input type="checkbox"/> Special Events         | <input type="checkbox"/> Outside walks            |   |
| <input type="checkbox"/> Program Escort         | <input type="checkbox"/> Pet visits               |   |
| <input type="checkbox"/> Men's Club             | <input type="checkbox"/> Parties/ socials         |   |
| <input type="checkbox"/> Women's Club           | <input type="checkbox"/> Baking                   |   |

For both the health and well-being of those you will volunteer with, all Morrow Memorial Home volunteers are asked to be tested upon starting for TB (Tuberculosis). This test will be administered and paid for by Morrow Memorial Home. *An information sheet about the test will be provided upon request.*

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

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For Office Use:

Application Accepted by: \_\_\_\_\_

Orientation scheduled for \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ a.m./ p.m.

Volunteer Contacted: \_\_\_/\_\_\_/\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_

Matched with: \_\_\_\_\_ Frequency: \_\_\_\_\_

Service:

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Comments/ Follow Up: \_\_\_\_\_

## Volunteer References

**Please provide 2 references that we may contact**

|                |                                     |
|----------------|-------------------------------------|
| _____          | _____                               |
| Reference Name | Relationship to Volunteer Applicant |
| (____)_____    | _____                               |
| Phone Number   | Email (optional)                    |

|                |                                     |
|----------------|-------------------------------------|
| _____          | _____                               |
| Reference Name | Relationship to Volunteer Applicant |
| (____)_____    | _____                               |
| Phone Number   | Email (optional)                    |