



City of Beaver Dam Community Activities & Services
VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name (first & last): Gender: Male Female

Address (street, city, zip):

Home Phone: Cell Phone:

Email:

Date of Birth (mm/dd/yy): Marital Status: Married Single

Employment Status: Retired Employed Part-Time Employed Full-Time Student

Are you currently a volunteer in the community? No Yes: Where?

What type of transportation do you have? My own vehicle Taxi Other

In case of an emergency, please notify: Name (first & last): Relationship: Phone:

How did you hear about us? Friend/Relative Newspaper/Radio Website Newsletter Other

EXPERIENCE, TRAINING & AFFILIATIONS

Current or previous work experience/occupation:

- What areas do you have experience or training in? Advertising Fund Raising Musical Technology Advocacy Gardening Office Skills Visual Arts Arts/Crafts Graphic Design Public Speaking Welcome Desk Dance/Theatre Health Services Photography Woodshop Fitness/Exercise Hospitality Sales/Purchasing Writing Food Service Literature/Poetry Science Other Foreign Language Management Sewing/Quilting

Clubs/Organizational Affiliations:

Please turn over ->

(Updated 7/7/16)

VOLUNTEER OPPORTUNITIES

What areas are you interested in volunteering for?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Arts/Crafts Instructor | <input type="checkbox"/> Day Trip Escort | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Technology Instructor |
| <input type="checkbox"/> Bingo Caller | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Information Desk/Greeter | <input type="checkbox"/> Woodshop |
| <input type="checkbox"/> Board Game Coordinator | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Intergenerational Mentor | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Card Game Coordinator | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Office Support | |
| <input type="checkbox"/> Cookie Baker | <input type="checkbox"/> Fitness Instructor | <input type="checkbox"/> Steering Committee | |

Why are you interested in volunteering? _____

What personal limitations do you have?

- Heavy Lifting Limited Walking Low Vision Limited Hearing None
 Other _____

VOLUNTEER AVAILABILITY

What days are you available to volunteer?

- Weekdays (Mon-Fri) Weekends (Sat-Sun) Specific Days _____

What times are best for you to volunteer?

- Mornings Afternoons Evenings Specific Times _____

How often would you like to volunteer?

- Weekly Monthly Occasionally Other _____

Thank you for applying and we will contact you to further explore your interests. Please indicate the best day and time to reach you. If you don't hear from us, please feel free to give us a call at 887-4639!

Best day & time to contact me: _____

I have read the "Volunteer Handbook" and will comply with all Beaver Dam Senior Center policies & procedures.

Signature: _____

Date: _____