

# Cedar Crest Inc. Volunteer Application

*Cedar Crest's volunteer program is mission driven. Our Cedar Crest Mission is:*

To enrich the quality of life for senior adults at all levels of independence, guided by a spiritually based, not-for-profit culture that fosters compassion and care.

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Which phone # is best to reach you during the day? **Circle One:** Home Work Cell

Email \_\_\_\_\_ Do you check email regularly? Yes \_\_\_\_ No \_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Current Status – Please circle all that apply:**

Student Seeking Employment Employed Retired Other: \_\_\_\_\_

**Highest Level of Education Received:** \_\_\_\_\_

**Are you currently a student?** Yes \_\_\_\_ No \_\_\_\_

If yes, what school? \_\_\_\_\_ What grade? \_\_\_\_\_

**For Students under Age 18** (Note: High School age and older can volunteer independently. Age 10 through Middle School must volunteer with a parent or guardian. Younger than age 10 must have Volunteer Coordinator approval.):

What School, Grade and Age? \_\_\_\_\_

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_

Parent or Guardian Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Extracurricular Activities Involved In: \_\_\_\_\_

**Current Employer (if applicable):** \_\_\_\_\_ Position / Title: \_\_\_\_\_

**Work Schedule** \_\_\_\_\_

**Have you ever volunteered before at Cedar Crest?**

No \_\_\_\_ Yes \_\_\_\_\_, dates \_\_\_\_\_.

**Are you currently employed at Cedar Crest or have you ever been employed by Cedar Crest?**

No \_\_\_\_ Yes \_\_\_\_\_, dates of employment/position \_\_\_\_\_.

**Do you have a family member who is / was employed by Cedar Crest?**

No \_\_\_\_ Yes \_\_\_\_\_, dates of employment/position \_\_\_\_\_.

**Do you currently or have you ever had a family member or close friend who lived at Cedar Crest?**

No \_\_\_\_ Yes \_\_\_\_\_, name of family member or close friend \_\_\_\_\_.

**Volunteer experience:**

Please describe current and past volunteer work (name of organization and duties):

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**Experience in working with older adults:** Please provide specifics.

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**Why do you want to volunteer at Cedar Crest?** \_\_\_\_\_

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**How did you learn about volunteering at Cedar Crest?** Circle all that apply: Cedar Crest Website  
Friend Agency Referral Walk/Drive by Volunteer Match.org Media: Newspaper, TV or Radio  
Church School Other \_\_\_\_\_

**Do you have any special hobbies, interests, talents, skills or other languages you speak to offer as a volunteer?** \_\_\_\_\_

**Do you have special needs that need to be considered or that would limit your volunteer activities?**

If yes, please explain: \_\_\_\_\_

**How often do you want to volunteer?** \_\_\_\_\_ Once or more per week \_\_\_\_\_ Twice per month  
\_\_\_\_\_ Once a month \_\_\_\_\_ Other

**How long do you plan to stay with us?** \_\_\_\_\_

**Do you have required volunteer hours?** \_\_\_\_\_ No \_\_\_\_\_ Yes (explain purpose/how many hours): \_\_\_\_\_

**Volunteer Availability: (circle all that apply)**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon
1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM
6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM	6:00 to 8:00PM

**What type of volunteering are you interested in?** Circle all that apply:

<b>Arts/Crafts</b>	Hands-on assisting during craft groups.
<b>Beauty Shop Escort</b>	Bring residents by wheelchair to and from beauty shop.
<b>Bingo</b>	Assist residents and provide invite/escort to bingo games.
<b>Chapel Escort</b>	Invite and escort residents to and from Chapel.
<b>Community Outings</b>	Meet Cedar Crest bus for outings such as taking a resident around a local store to do their shopping.
<b>Euchre, Cribbage, 500, Bridge or Canasta</b>	Need volunteer who knows how to lead and play Euchre, Bridge, 500, Cribbage or Canasta card games.
<b>Games</b>	Assist residents and provide invite/escort to board, card, dice or word games.
<b>Hymn Sing</b>	Bring residents by wheelchair to and from, and help residents find hymns.

<b>Mail Delivery</b>	Deliver mail to residents.
<b>Nail Cares</b>	File and paint residents' nails.
<b>One to One Visits</b>	Visit with residents, read to, or take them for a walk.
<b>Roving Cart</b>	Take an activity cart with books, magazines, word search puzzles and more from room to room.
<b>Wheelchair Walks</b>	Bring residents for a walk, inside or outside, depending on the weather.

**Please provide two adult non-family references:** If applicable, please provide a previous volunteer coordinator you worked with as a reference.

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Have you ever been convicted of a crime?** No \_\_\_ Yes \_\_\_

If yes, please explain \_\_\_\_\_

**\*\*A background check is required for all employees and volunteers\*\***

*All of the above information is given freely and without reservation, and is true and correct to the best of my knowledge. I understand that falsification of this application is reason for rejection or closure and the placement of volunteers is at the discretion of Cedar Crest. I authorize agents of Cedar Crest to check the references provided. I understand that Cedar Crest requires passing of a police/background check for volunteer applicants and grant my permission for such a check. I must complete an interview and orientation by the Volunteer Coordinator prior to beginning volunteer work. Should I be offered a volunteer position, any misrepresentation by me may lead to termination. I also understand that either Cedar Crest or I can terminate my volunteer service, with or without cause and/or notice, at any time. If accepted, I will abide by the rules and regulations of Cedar Crest. I understand that completing the application process does not guarantee acceptance as a volunteer.*

*Occasionally images may be taken of me and / or my child during Cedar Crest related activities. I give permission for use of these photos/audio/videos for promotional or training purposes for the benefit of the program and services without further notice to me and without compensation. For volunteers under age 18, no identifying information will be given unless parent / guardian approves. Images will not be sold. (If you do not approve photo/audio/video authorization, please request an alternative form.) I understand that these photographs are the sole property of Cedar Crest Inc.*

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian if under 18** \_\_\_\_\_ **Date** \_\_\_\_\_

Please refer any questions to the volunteer coordinator, Linda Lyke, at 608-373-6327.

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

**Volunteer Name** \_\_\_\_\_

**Background Check Passed on (Date)** \_\_\_\_\_

**Reference Check(s) – Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Comments by Reference Check** \_\_\_\_\_

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**Date of Interview** \_\_\_\_\_ **Date of Orientation** \_\_\_\_\_

**Volunteer Interests** \_\_\_\_\_

**Assignment Placement(s), Position, Hours/Days Interested In :**

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**Notes:**

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**Flu Vaccine?** \_\_\_\_\_ **At CC or elsewhere (circle one)**

**Birthday** \_\_\_\_\_