



Wisconsin Veterans Home at King
 N2665 County Rd. QQ
 King, Wisconsin 54946-0600
 (715) 258-5586

Wisconsin Veterans Home at Union Grove
 21425 G Spring St.
 Union Grove, Wisconsin 53182
 (262) 878-5670

VOLUNTEER REGISTRATION - *Youth*

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Date of Interview: _____

Date of Orientation: _____

Name: _____
First Middle Initial Last

Mailing Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____ Email Address: _____

Service Organization Membership: _____

Volunteer Experience: _____

Employment Experience: _____

Special Skills/Interests: (hobbies, second languages) _____

Volunteer Activities of Possible Interest:

Assist With Group Programs

- Arts and Crafts
- Reading for Book Club
- Exercise Classes
- Active Games
- Birthday Parties
- Holiday/Festive Parties
- Reading Current Events
- Religious Programs
- Parlor Games
- Gardening/Weed Pulling
- Bingo

Independently Offer

- Book Mobile
- Talking Books
- Assist Resident to Programs
- Clerical Assistance
- Typing

Provide One-On-One Visits

- Conventional Visits
- Letter Writing
- Crafts
- Current Events
- Reminiscing
- Trivia
- Cards/Table Games
- Sensory Stimulation
- Outdoor Rides
- Reading Aloud

Lead/Assist

- Outdoor Walks
- Cards (poker, bridge)
- Film Shows
- Religious Programs
- Men's Club
- Ladies Club
- Musical Performances
- Sponsoring a Bingo Event

Other: _____

Why did you decide to Volunteer at the Wisconsin Veterans Home? _____

Availability: (check preference) Mornings Afternoons Evenings

M T W R F S Sun

Frequency: (check preference) Weekly Every Other Week

Monthly

Other: _____

Length of Time You Wish to Volunteer: (check preference) 1 hour 2 hours

3 hours

Other: _____

Are you interested in being contacted for assistance with special events? Yes No

If so, what type of events? _____

Do you have any health limitations you would like us to know about? _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Comments/Other Information you would like us to know: _____

Date of Birth: _____

Signature: _____ Date: _____

Legal - Y N A volunteer must be vetted for a criminal background check pursuant to 38 CFR 51.90. By checking the "yes" box and signing this form you consent to this and understand the volunteer agreement will be terminated immediately upon a disqualifying conviction. The volunteer has a duty to inform the Home immediately of all criminal convictions.



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PARENT'S QUESTIONNAIRE FOR VOLUNTEER PROGRAM

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Child's Name: _____ Age: _____ Birthdate: _____

1. Are you comfortable leaving your child at home alone for six hours while you are away?

2. Does your child follow through on weekly chores without reminders?

3. Would you let your child make safety decisions about the care of other children or the elderly?

4. Is your child easily bored?

5. Does your child correct their behavior after one reminder?

6. Has your child encountered discipline problems in school? (sent to principal, calls from teachers, etc.)

7. Does your child complete schoolwork and chores on time?

8. After some basic instructions is your child able to do new tasks independently?

9. Does your child honor time commitments?

10. Please list below any special talents, interests or qualities that make you feel your son or daughter would make a good volunteer at a Wisconsin Veterans Home.

11. Anything else you would like us to know?

Name of Person Completing This Form: _____ Date: _____

Parent or Legal Guardian Signature: _____

Daytime Phone Number: _____



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CONSENT FOR MINOR VOLUNTEERS

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

I, _____, Parent/Guardian of _____, hereby give my consent for my son/daughter to participate in the Volunteer program at the Wisconsin Veterans Home in Union Grove.

I understand my son/daughter will provide service during school semesters and/or summers and will participate only in the following activities:

I will work with my son/daughter to be aware of when they are volunteering.

In Case of an Emergency please contact:

- | | | |
|----------------|---------------------|--------------|
| 1. Name: _____ | Relationship: _____ | Phone: _____ |
| 2. Name: _____ | Relationship: _____ | Phone: _____ |
| 3. Name: _____ | Relationship: _____ | Phone: _____ |

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____