

## Cammi Catt-DeWyre, Manager

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ADRC-BP@co.pepin.wi.us www.adrc-bcp.com www.facebook.com/ADRCBuffaloandPepinCounties

VOLUNTEER APPLICATION FORM	
Name:	
Address:	
Phone: (Home):	(Cell):
Emergency Contact:	one Number:
Relationship: Pho	one Number:
I would like to volunteer for:	
Newsletter Delivery Home Delivered Meal Driv	Newsletter Assembly ver Volunteer Driver
Nutrition Site Volunteer (K Other:	itchen help and meal server
I would be available to work at these time	es:
Special Skills, Talents or Credentials:	
Health Limitations that may affect ability	to volunteer:
Please provide two references:	
<b>1.</b> Name:	<b>2.</b> Name:
Address:	Address:
City/State:	City/State:
Phone:	Phone:
Relationship:	Relationship:
Resource Center of Buffalo and Pepir	and duties as a Volunteer for the Aging and Disability Counties. I accept this appointment and promise to ility. I agree to follow the policies and procedures that
Signature of Applicant:	Date:
<b>Buffalo County</b>	Pepin County

Alma, WI 54610 608-685-6336 Fax: 608-685-3342