**Cammi Catt-DeWyre, Manager**

Toll Free Number: 1-866-578-2372

[ADRC-BP@co.pepin.wi.us](mailto:ADRC-BP@co.pepin.wi.us) [www.adrc-bcp.com](http://www.adrc-bcp.com)

[www.facebook.com/ADRCBuffaloandPepinCounties](http://www.facebook.com/ADRCBuffaloandPepinCounties)

**VOLUNTEER APPLICATION FORM**

Name: Birthdate:

Address: City: State:

Phone: (Home): (Cell):

Email:

Emergency Contact:

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:

I would like to volunteer for:

Newsletter Delivery Newsletter Assembly

Home Delivery Meal Driver Volunteer Driver

Nutrition Site Volunteer (Kitchen help and meal server)

Other:

I would be available to work at these times:

Special Skills, Talents or Credentials:

Health Limitations that may affect ability to volunteer:

How did you hear about the ADRC’s need for volunteers?

Please provide two references:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I fully understand the responsibilities and duties as a Volunteer for the Aging and Disability Resource Center of Buffalo and Pepin Counties. I accept this appointment and promise to perform the tasks to the best of my ability. I agree to follow the policies and procedures that I am provided.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

A-01 Volunteer Application Form