

Confidential Volunteer Application



Our Mission:

"To empower and support older adults, adults with disabilities, and their families by providing easily accessible quality information and assistance. The Aging and Disability Resource Center will provide services, resources, and opportunities to support each individual's choices for independence and enhanced quality of life."

Aging & Disability Resource
Center of Eagle Country
225 N. Beaumont Rd., Suite 117
Prairie du Chien, WI 53821
608-326-0235 | 877-794-2372
ccadrc@crawfordcountywi.org

Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

E-mail: _____

Preferred Method of Contact:

Mail Home Phone Cell Phone Work Phone E-mail

How did you learn about the Aging & Disability Resource Center (ADRC)?

Why do you want to volunteer? _____

Previous Volunteer Experience _____

Occupation (Current/Former) _____

Name of Employer _____ Phone Number _____

Other information that will help us make a good match (interests, hobbies, skills, training):

What days and times are you typically available for volunteer work? _____

Emergency Contact:

Name _____ Daytime Phone _____

Relationship to you _____

Check all the areas of volunteering you are interested in:

- Volunteer Escort Driver: Provides transportation to Crawford County residents that age 60 or older, and/or disabled, who are unable to drive, do not have family or friends available to drive them, or have no means or transportation to medical appointments and other trips of necessity.
- Dining Center Helper: Assist setting up the dining room, serving the meals, cleaning up, etc. at your local dining center, as well as helping package meals for home delivery.
- Home Delivered Meal Driver: Pick up meals at the local dining center and deliver meals to home bound adults in your community who are 60 or older and/or disabled.
- Substitute Home Delivered Meal Driver: Filling in occasionally when a Home Delivered Meal Driver is not able to deliver their route. We would contact you to see if you are available as soon as we know a substitute is needed.
- Clerical Support: Assist with a variety of office duties to aid the ADRC in providing information. Provide telephone coverage when ADRC staff is unavailable to do so.
- Other: Do you have a talent or skill not listed and feel it would be an opportunity to help others? Tell us about it! _____

Please list three people (non-family members) we may call, who would be willing to provide a character reference for you. Please have one of the references be a professional reference for you.

- 1) Name _____ Phone _____
Address _____ Relationship to you _____
- 2) Name _____ Phone _____
Address _____ Relationship to you _____
- 3) Name _____ Phone _____
Address _____ Relationship to you _____



Please list any health concerns: _____

Please list any allergies: _____

Do you take any medications that could affect your volunteer/driving ability?

Yes No

Driver's License # _____ Expiration Date _____

Driving Restrictions _____

Make/Year of Vehicle _____ 2 Door/4 Door/ Van/ SUV

Vehicle Insurance Company _____

- I understand that "the insurance goes with the vehicle" and the operation of my personal vehicle for county related business is covered by personal insurance. (The County's insurance would only provide excess coverage above my personal insurance limits.)

- My automobile liability insurance coverage meets or exceeds those listed below per the Crawford County Volunteer Driver Handbook.

- \$100,000 per person, and
- \$300,000 per accident-bodily injury, and
- \$50,000 per accident-property damage, or a
- \$300,000 Combined Single Accident Limit
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- I will not knowingly operate a vehicle that is unsafe to operate for any reason.

NOTE: If you will be using your car when volunteering, the ADRC will also need a copy of your auto insurance and a yearly auto inspection will need to be completed.

 Thank you for your interest in volunteering with the ADRC of Crawford County! 



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Please contact Roby Fuller
with any questions or concerns.

Volunteer Contract

As a volunteer at the Aging & Disability Resource Center (ADRC), I agree to the following:

I will treat ALL volunteers, staff, and clients with dignity and respect without regard for race, culture, ethnicity, religion, sexual orientation, disability, gender, or age

I will maintain the confidentiality of all client information and donation information, as well as all other information deemed confidential by the ADRC

I will use dignity and caution when acting as a representative of the ADRC

I will present myself in a positive manner, both through my physical appearance and my actions

I will attend orientation and training sessions as required

I will be prompt and reliable in reporting to work, keep an accurate record of my volunteer time, and will notify my direct manager (dining center manager or transportation coordinator) if I am unable to be there.

I understand that if I volunteer in the dining center I am eligible to receive a meal on those days I volunteer to work in the dining center, and that I am able to donate toward that meal

I will communicate with the Director when I encounter a difficult situation, fellow volunteer, or dining center guest

I will maintain a positive attitude while I am volunteering, and will not contribute to or encourage negative comments, attitudes, or behaviors

I understand that I will not receive any compensation for the above work and that volunteers are NOT considered to be Crawford County employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable of leave or any other employee benefits. I also understand that either Crawford County or I may cancel this agreement at any time by notifying the other party. I hereby volunteer my services as described above, to assist Crawford County in its authorized work.

Volunteer

Date

Program Coordinator

Date



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Background Check Information Release

To ensure the good standings and safety of our clients Crawford County Aging & Disability Resource Center requires all employees and volunteers to complete a background check every four years. Driver checks for those transporting customers will be completed annually.

I, _____ give the Aging and Disability Resource Center, Prairie du Chien Office, permission to obtain the record as required above as part of my employment or volunteerism with the Aging and Disability Resource Center.

Name

Date

Name

Date

