

Aging & Disability Resource Center of Sauk County 505 Broadway Baraboo, WI 53913 608-355-3289 or 800-482-3710

## **Volunteer Application**

| Name                          |                              |                                 |
|-------------------------------|------------------------------|---------------------------------|
| Address                       |                              |                                 |
| Phone: Home                   | Work                         | Cell                            |
| E-mail:                       |                              |                                 |
| Preferred Method of Contac    | t:                           |                                 |
| ☐ Mail ☐ Home Ph              | none   Cell Phone            | ☐ Work Phone ☐ E-Mail           |
| How did you learn about the   | Aging & Disability Resou     | urce Center (ADRC)?             |
| Have you volunteered with u   | us or anywhere: Yes No       | О                               |
| What days and times are you   | typically available for volu | unteer work?                    |
| Person to notify in case of   |                              |                                 |
| Name                          | Daytime Pho                  | one                             |
| List any health concerns or a | ıllergies:                   |                                 |
| Do you take any medications   | s that could affect your vo  | olunteer/driving ability? Yes N |

## Check all the areas of volunteering you are interest in:

|    | Escort Driver                              | Provides transportation to Sauk County adults 60 years of age, disabled adults, who are unable to drive, do not have family or friends available to drive or who have no means of transportation to medical appointments or other trips of necessity. Mileage Reimbursement Available. |  |  |
|----|--|--|--|--|
|    | Dining Center                              | Assist setting up the dining room, serving the meals, cleaning up, etc. at your local dining center as well as helping package the home delivered meals.   |  |  |
|    | Iome Delivered<br>Ieal Driver              | Pick up meals at the local dining center or approved restaurant and deliver meals to the home bound in your community who are at least 60 years of age. Mileage Reimbursement Available.   |  |  |
| Γ  | ubstitute Home<br>Delivered Meal<br>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. Mileage Reimbursement Available.   |  |  |
|    | Elerical Support                           | Assist with a variety of office duties to aid the ADRC in providing information. Provide telephone coverage when no ADRC staff is available 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.   |  |  |
|    | Name                                       | act information for two references (non-family).  Phone  Relationship  |  |  |
| 2) | Name                                       | Phone  |  |  |
|    | Address                                    | Relationship   |  |  |
| Dr | iver's License # _                         | Expiration Date  |  |  |

| Make/Year of Vehicle   |   | 2 door/4 door/ Van/SUV  |
|--|---|---|
| Vehicle Insurance Com  | npany   |   |
| <ul> <li>I understand the personal vehice</li> </ul>                       | hat "the insurance goes with the<br>le for county related business is<br>insurance would only provide e | e vehicle" and that operation of my covered by personal insurance. excess coverage above my personal  |
| the Sauk Coun  | nty Safety Manual.  | eets or exceeds those listed below per  |
|  | 00 per person, and  |   |
|  | 000 per accident-bodily injury, an  |   |
|  | 0 per accident-property damage  |   |
| o \$300 <b>,</b> 0   | 00 Combined Single Accident L   | amit.   |
| • I will not know  | wingly operate a vehicle that is u  | nsafe to operate for any reason.  |
| conducted on all poten will be completed every This information will be he | ntial and current ADRC Volunte<br>y four years and driving record o                                     | aground and driving record checks eers. Follow-up background checks checks will be completed annually. shared with any other entity or used for any |
| Full legal name (First/  | Middle/Last)  |   |
| Date of Birth  |   |   |
| Applicant Signature  |   | Date  |
| •  | <b>.</b>  | ring, the ADRC will also need a ction will need to be completed.  |
| Thank you for your is  | nterest in the Aging & Disability   | Resource Center of Sauk County  |

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."