



Kenosha Area Family and Aging Services, Inc.
 7730 Sheridan Road Kenosha, WI 53143
 Phone/ 262.658.3508 Fax/ 262.658. 2263
 E-mail/ volunteer@kafasi.org

<i>For Office Use Only</i>	
Program(s)	_____
Master	_____
KAFASI Repo	_____
Community Repo	_____
RSVP Repo	_____
BG Check	_____

VOLUNTEER ENROLLMENT FORM

General Information

Name _____ Home Phone _____
Last First MI Maiden
 Address _____ Work Phone _____
 City _____ State _____ Zip _____
 Social Security No. _____ - _____ - _____ Date of Birth _____
 Email _____ Referred by _____

Insurance Information

Driver's License No. _____ State _____
 Auto Insurance Company _____ Phone _____

Is your auto liability insurance equal to or greater than the minimum limits required by the State of Wisconsin ?
 (Property Damage Liability \$10,000/Bodily Injury Liability \$25,000 per person)? *Circle one:* Yes No

Emergency Contact

Name/Relationship _____ Phone _____

Please provide two non-relative references

1. Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 2. Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Have you ever been convicted of a crime? Yes No

If yes, please explain. _____

Experience

Current/Past Volunteer Experience _____
 Education/Training _____
 Occupation/Profession _____
 Why do you desire to volunteer? _____
 Do you have any physical limitations? _____

Availability

When are you available to volunteer? (Please check **all** that apply.)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Special Events	Holidays
Morning									
Afternoon									
Evening									

Please fill out other side

Interests/Volunteer Opportunities

The following volunteer opportunities are available with Kenosha Area Family and Aging Services. Please indicate your area of interests by ranking them from 1 to 3 with 1 being your top choice of interest.

- Adult Nutrition Program: *social lunches for seniors*
- Bulk Mailings
- Benefit Specialist: *Medicare & Public Benefits*
- Clerical
- CAMP: *activities for persons with disabilities*
- Newsletters
- Daybreak: *activities for persons with memory loss*
- Telemarketing
- Westosha Community Center: *activities for seniors*
- Public Relations
- Friendly Visitors: *for homebound elderly*
- Grant Writing/Fundraising
- Information Assistance & Access: *referral service*
- Advisory Council or Board of Directors
- Meals on Wheels
- Special Assignments/Events
- Driver Escort: *drive seniors to appointments*

FOR VOLUNTEERS 55 AND OLDER

RSVP (The Retired and Senior Volunteer Program) has additional opportunities in the community. Please check **all** additional areas that interest you.

Health/Nutrition

- Shalom Center -food pantry
- Aurora Medical Center

Human Needs Services

- Nursing Homes
- Assisted Living Residences
- Pet Pals (animal visits)
- Salvation Army
- Women and Children

Education

- Mentoring
- Tutoring
- Intergenerational Faires
- Pen Pals
- Library
- Kenosha Public Museum
- History Center
- Kemper/Anderson Arts
- Literacy Council

RSVP Master Chorus

RSVP Office Help

- Filing, typing, reception
- Calling/Computer entry
- Help with Newsletter

Volunteer from Home

- Knitting, Crocheting, Quilting
- Telephone Reassurance

Bulk Mailings

BINGO

Special Events

Please list any hobbies: _____

All volunteers age 55 or older are covered by a supplemental personal liability, accident and auto liability insurance policy during the entire time spent volunteering (to, during and from an assignment). **Please designate a beneficiary.**

Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____

Volunteer Agreement

I will adhere to all relevant policies of Kenosha Area Family and Aging Services, Inc. (KAFASI) and to the highest standards of conduct and confidentiality. As a volunteer with KAFASI, I understand that I may interact with people of diverse socioeconomic, ethnic, religious, and age backgrounds; I will not discriminate against them. I understand that KAFASI may conduct a criminal background check with the Wisconsin Department of Justice and contact the two personal references provided and that information obtained will not automatically disqualify me from consideration. I understand that all information on this form will be kept strictly confidential. I also understand that KAFASI, the program/individual with whom I volunteer, or myself may terminate my volunteer service at any time. In addition, I have no objection to the use of my photograph by KAFASI for the specific purpose of publicity, public relations or educational promotion, providing it is legitimately published with discretion, and I give consent for these purposes.

Volunteer Signature

Date

KAFASI Staff Signature

Date