

Lincoln Lutheran of Racine • Volunteer Application

(Please PRINT Information below)

Submitted completed applications to:

Lincoln Lutheran of Racine
2000 Domanik Drive
Racine, WI 53404
Attn: Volunteer Coordinator
- or -
Fax: (262) 633-3045

Volunteer Opportunity: _____

Where did you hear about this listing? _____

Preferred Community/Program (Please select one or more)

Communities

- Atrium and/or Bay Pointe – (3900 & 3950 N. Main Street, Racine, WI)
- Becker Shoop Center (6101 16th Street, Racine, WI)
- Lincoln Village Center (1700 C.A. Becker Drive, Racine, WI)
- Lincoln Manor (5801 16th Street, Racine, WI)
- Lincoln Villas (5820 Lincoln Village Drive, Racine, WI)
- Lincoln Villas North (3919 Ruby Avenue, Racine, WI)
- Trinity Terrace (2132 Center Street, Racine, WI)
- Schmidt Home (10441 S. Nicholson Road, Oak Creek, WI)

Programs

- | | |
|--|--|
| <input type="checkbox"/> Adult Day Services | <input type="checkbox"/> Meal on Wheels |
| <input type="checkbox"/> Alzheimer's Support Group | <input type="checkbox"/> Senior Dining Program |
| <input type="checkbox"/> Friendship Centers | <input type="checkbox"/> Skill Bank |
| <input type="checkbox"/> Home Linc | <input type="checkbox"/> Harmony Club |

Name: Mr. _____
Mrs. _____
Miss _____ Last First Middle Initial
Ms. _____

Address: _____
Street City State Zip Code

Phone (Daytime): _____ (Evenings): _____ Date of Birth: ____ / ____ / ____

If under 18, D.O.B. is required.

Church: _____

Place of Employment: _____

If necessary, may we call you at work? _____ Phone: _____

Emergency Information

Note: In the event of an accident or illness while serving at a Lincoln Lutheran facility or in a Lincoln Lutheran sponsored program, the person listed below or the Volunteer's personal physician will be called if necessary. In an emergency, the Rescue Squad will be called.

Name: _____ Relationship: _____

Address: _____

Phone (Home): _____ (Business): _____

Your personal physician: _____
Name Phone

Personal Information

Are you applying for volunteer work to fulfill any school or church requirements? YES / NO
If yes, how many hours do you need to complete and by what date?

Which day(s) of the week would you like to volunteer?

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

I would be available on the following basis:

___ Weekly ___ Bi-Weekly ___ Once a Month ___ AM ___ Late Afternoon ___ PM

Please check areas of Volunteer services that are of interest:

- | | | |
|----------------------------|-----------------------|---|
| ___ Assist with activities | ___ Friendly Visiting | ___ Reception desk relief/typing/filing |
| ___ Lawn/garden care | ___ Sewing/Mending | ___ Meals-On-Wheels |
| ___ Serving Meals | ___ Special Projects | ___ Serving treats in café |
| ___ Playing piano | ___ Bingo Calling | ___ Holiday Decorating |
| ___ Escorting on trips | ___ Cards/Games | ___ Crafts |
| ___ Poetry/Book Reading | | |

Please describe any previous volunteer experience:

Please list two references that we may contact:

Name Phone

Name Phone

Applicant Signature **Date**

If under 18, Parent/Guardian signature **Date**

Are you applying for work community service hours? YES / NO *If yes, please describe briefly the nature of your offense:*

*** If you are working community service hours, please submit a letter of recommendation from your probation office, a judge or other supervisory individual and their telephone number.*

of Racine