

N.E.W. Curative Rehabilitation, Inc.



Application for Volunteer Services

Date: _____

Name: _____

Address: _____ Home Telephone # () _____

City/State/Zip: _____ Date of Birth: _____

Emergency Contact: Name _____

Address _____

Phone # _____

Relationship _____

Occupation:

- | | | | |
|---|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Student | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Full-Time |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Employed | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Full-Time |
| <input type="checkbox"/> Looking for work | | | |

Referral Source: How did you hear about N.E.W. Curative Rehabilitation's Volunteer Services?

Volunteer Center Direct Mail/Brochure Another Volunteer Other _____

Have you volunteered for N.E.W. Curative before? Yes No

If yes, what program? _____ Dates: _____

Have you ever been convicted of a crime, other than a minor traffic violation?

Yes No If yes, please describe: _____

Volunteer Work Objectives: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Make worthwhile use of free time | <input type="checkbox"/> Have fun and relax | <input type="checkbox"/> Explore careers |
| <input type="checkbox"/> Meet and work with nice people | <input type="checkbox"/> Develop new skills | <input type="checkbox"/> Enhance personal growth |
| <input type="checkbox"/> Do something nice for others | <input type="checkbox"/> Share skills | <input type="checkbox"/> Other _____ |

Applicant's Previous Volunteer Experience and/or Education:

I am available: Spring Fall I am available on short notice
 Summer Winter I am not available on a regular basis but
would like to help on special projects.

(over)

Please check any interests or skills that you would like to share in your volunteer experience at N.E.W. Curative:

- | | | |
|--|--|--|
| <input type="checkbox"/> Telephoning | <input type="checkbox"/> Sports | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Crafts | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Art | <input type="checkbox"/> Talking with people |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Computers | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Special Events: | |
- ex. Ball-a-palooza/Winners Wear Helmets

I hereby affirm that all information contained in this application (and resume, if submitted) is accurate and complete.

Signature of Applicant

Date

If you have any questions, please call Volunteer Coordinator:

Patricia Arriens
(920) 593-3574
E-mail: paarriens@newcurative.org

Receptionist:
(920) 468-1161

Return to:
Patricia Arriens
N.E.W. Curative Rehabilitation, Inc.
P.O. Box 8027
Green Bay, WI 54308-8027