

**Our Mission:**  
Rooted in Christian  
Faith  
Caring for Each Other

**BETHANY**  
**LUTHERAN HOMES**  
A GUNDERSEN HEALTH SYSTEM AFFILIATE

**Our Core  
Values:**  
Teamwork  
Respect  
Integrity  
Comitment  
Love

**VOLUNTEER APPLICATION**  
(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_\_)\_\_\_\_\_ Cell phone: (\_\_\_\_\_)\_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_

*The person above will be notified, if necessary, in the event of an emergency while serving Bethany Lutheran Homes.*

Current Employer 1: \_\_\_\_\_ Since \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Employer 2: \_\_\_\_\_ Since \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if applicable)

If retired, former occupation: \_\_\_\_\_

**STUDENTS ONLY:**

School name, City, ST: \_\_\_\_\_ Year: FR SO JR SR

# of Hours Required: \_\_\_\_\_ By: \_\_\_\_/\_\_\_\_/\_\_\_\_

Major/Minor: \_\_\_\_\_

**Volunteering Information**

**Where would you like to volunteer?**

Assisted Living ( Elderly Memory Care)

Nursing Home ( Elderly Memory Care Other Special Needs)

**Frequency with which you wish to volunteer. (Please check preferences)**

Weekly Every Other Week Weekends Only Monthly Other(\_\_\_\_\_)

**Time Preferences/Skills/Abilities (Please check preferences)**

Mornings:

Afternoons:

Evenings:

9:00 a.m. -11:00a.m.

1:00 p.m.-4:00 p.m.

6:00-8:30 p.m.

**Hobbies, Languages, Skills, Interests:**

**Past experience volunteering, working with the elderly or adults with disabilities:**

**How did you hear about our volunteer program?**

**Please check all volunteer services that interest you:**

- Assist with Activities       Sing-a-longs       Errands/shopping
- Gardening       Friendly visit       Teach a special talent \_\_\_\_\_
- Mail Delivery       Reading/Writing       Hand massage/manicures
- Crafts       Office Assistant       Help with outings
- Play Cards/Games       Adopt-a-Grandparent       Walks outside
- Help with parties (making decorations and putting them up)
- Help to prepare for Special Events (Christmas, Halloween, Valentines, etc.)

**Do you have any limitations that we should be aware of?**

**If so, please list:**

I understand that to be considered for a volunteer experience with Bethany Lutheran Homes, Inc. I must submit to a background check. I authorize Bethany Lutheran Homes to perform a complete volunteer background check.

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Soc Sec # \_\_\_\_\_  
Do NOT email social security number.

Legal/Maiden/Former name(s)/Alias(es): \_\_\_\_\_

Other states I have lived in within the last 3 years: \_\_\_\_\_

\_\_\_\_\_  
Signature (in ink) Enter your name as your signature.      Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**If under 18:**      Parent's Signature: \_\_\_\_\_  
Enter your name as your signature.

Parent's Printed Name: \_\_\_\_\_

Please mail or email your application to:  
*Do NOT email social security number.*  
*Call with your SS# after emailing form.*

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