

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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