



505 North Main Street  
DeForest, WI 53532  
608-846-9469

## Volunteer Registration

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

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Previous work/occupation/skills

\_\_\_\_\_

Previous volunteer experience

\_\_\_\_\_

**Areas of Interest** (Check all that apply):

\_\_\_\_\_ **Kitchen helpers:** Volunteers help package meals for home delivery, set and clear dining room, serve the noon meal and clean up.

\_\_\_\_\_ **Drivers** volunteer opportunities for delivering meals to local homebound people and/or transporting individuals for medical appointments locally and in the Madison area.

\_\_\_\_\_ **Program support:** Volunteer opportunities: tasks related to programs at the Center such as room set up/take down, hospitality, refreshment serving, craft and hobby support, group and class lead.

\_\_\_\_\_ **Building and Grounds** volunteer opportunities involving indoor projects and seasonal decorating, plant care and/or outdoor gardens and landscape etc.

\_\_\_\_\_ **Outreach** opportunities that involve representing or volunteering on behalf of the Center at area community events, fundraising and special events (potentially could be off-site, evenings and weekends)

**Please indicate preferred times to volunteer:**

\_\_\_\_\_  
\_\_\_\_\_



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**Character References:**

Please list two character references (other than relatives) who have known you at least two years.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Confidentiality:**

Personal information for any individual must be held with the highest degree of respect and confidentiality.

By signing this document, I agree to serve as a volunteer for the Cornerstone Community Center and to abide by the policies and guidelines as written or outlined by staff for any volunteer position, without anticipation of financial remuneration.

I agree to allow the staff of the Cornerstone Community Center contact the references listed above and to conduct a background check on matters of public record. I understand that this information is confidential.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature (if required)

\_\_\_\_\_  
Date