Cornerstone
Community Center
Serving DeForest,Windsor & Vienna

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.

_____ **HDM Drivers:** volunteers deliver meals to local homebound people, routes are about 1 hour, mileage reimbursement available/supplemental insurance (RSVP)

_____ **Escort Drivers:** volunteers transport individuals for medical appointments locally and in the Madison area, mileage reimbursement available/supplemental insurance (RSVP)

_____ **Program Support**: wide variety of opportunities, that support activities, events and programming at the Center.

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

_____ **Outreach:** volunteering that involves 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:

_____

_____

Cornerstone
Community Center
Serving DeForest,Windsor & Vienna

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

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