
Bethany St. Joseph Care Center
VOLUNTEER APPLICATION

**Background checks in accordance with the WI Caregiver Law, Sections 48.685 & 50.065 are
part of Bethany St. Joseph Care Center’s volunteer application and acceptance process.
BSJ Care Center does not accept volunteers who have had involvement with theft, abuse, or drug cases.
ALL VOLUNTEERS MUST GO THROUGH A 1-HOUR ORIENTATION SESSION.**

 Date: Click here to enter text.

Section 1
Name: (Last) Click here to enter text. (First) Click here to enter text.
Address (Street, city, state, zip): Click here to enter text.
Phone: Click here to enter text. Other Phone: Click here to enter text.
Email: Click here to enter text. Birthdate (mmddyyyy): Click here to enter text.

Emergency Contact: Click here to enter text. Relationship: Click here to enter text.

References (2 local) (Include name, phone, relationship):
Reference 1: Click here to enter text. Email: Click here to enter text.
Reference 2: Click here to enter text. Email: Click here to enter text.

This section is for high school or college students only:

School Name & Location: Click here to enter text. Major: Click here to enter text.

Class Requiring Hours: Click here to enter text. How many hours: Click here to enter text.

Section 2
Desired Frequency To Volunteer:
[ ]  Weekly (# of days [ ]  1, [ ]  2, [ ]  3) [ ]  Every other week [ ]  Weekends Only
Days of week preferred: Click here to enter text.[ ]  Monthly [ ]  Other: Click here to enter text.
Section 3
Time Preference/Skills/Abilities:
[ ]  Morning 9:00am-1:00pm [ ]  Afternoon 1:00pm-4:00pm [ ]  Evening 6:00pm-8:30pm

Skills, hobbies, previous experience? Click here to enter text.

Any limitations we should be aware of? [ ]  No [ ]  Yes List: Click here to enter text.
Section 4
Please sign to give permission for us to conduct a criminal background check.
List the states which you have resided in: Click here to enter text.

Signature: Click here to enter text.