October 2016

Dear Community Volunteer:

Thank you for your consideration of sharing your interests, hobbies and skills with us at Wendell Foster! We appreciate your interest in volunteering your time to enjoy the unique opportunities available to you within the richness of our Campus community.

The first step to becoming a volunteer is completing this Volunteer Application Form. Throughout the volunteer placement process, we will work with you to negotiate the best volunteer experience that connects you and your interests, hobbies and skills with another enthusiast at Wendell Foster.

Please thoroughly complete this form and return it to us via mail (815 Triplett St., Owensboro, KY 42302), fax (270 683-0079) or email (madkins@wendellfoster.org).

Please note: Upon checking personal and volunteer references, all volunteers go through an interview, and must participate in a 3-hour volunteer orientation. Because we are a healthcare facility, all volunteers are required to have a TB skin test, which Wendell Foster provides free of charge.

There are a number of ways to get involved on campus! You can engage in service projects, help lead "activity clubs," and even work one-on-one with an individual as a Community Companion. We are always looking for creative opportunities to enrich the lives of those on campus!

For a partial list of volunteer opportunities, please visit: http://www.wendellfoster.org/volunteer/

If you have any further questions, please don't hesitate to contact us! We look forward to hearing from you!

Sincerely,

Bro. Mark Adkins Chaplain & Volunteer Coordinator madkins@wendellfoster.org 270-315-0377

Volunteer	
Application	
Form	

Personal Information		
Name:	Application L	Date:

Primary Phone		Secondary Phone	
Number:		Number:	
Address:			
E-mail Address:			
Date of Birth:		Who referred you to Wendell Fosters?	
Education			
High School:		Years Attended:	
College:		Years Attended:	
Other Education:		Years Attended:	
Degree/Major:			
Volunteer Experience (Add	ditional volunteer experience	may be included by writing o	on the back of this page)
*Organization:		Dates of Service:	
Address:			
Address.		Phone Number:	
Supervisor:			
*Organization:		Dates of Service:	
Address:		Phone Number:	
Supervisor:			
Affiliations: Please list an below.	y charitable, civic, community	v, educational, religious, or o	ther group affiliations
		Wendell Foster, 815 Triplett St., C	Owenshoro, KY 42302
		Phone: 270-683-4517 Fax: 270-683-0079	,
Work Experience (Additio	nal work experience may be i	ncluded by writing on the bac	ck of this page)
*Employer:		Dates of Service:	
	I		

Position:		Phone Number:	
Address/City:			
*Employer:		Dates of Service:	
Position:		Phone Number:	
Address/City:			
Personal References (Plea	se do not include relatives)		
*Name:		Relationship/ Occupation	
Email:		Phone Number:	
*Name:		Relationship/ Occupation	
Email:		Phone Number:	
*Name:		Relationship/ Occupation	
Email:		Phone Number:	
	nswer in the space provided.		•
1: Have you been convicted	d of a crime, including misden	neanors, in the last 10 years?	If 'yes,' please explain.
2: Have you ever worked w	vith individuals with developm	ental disabilities before? If	yes,' please explain.
3: What caused you to become	ome interested in volunteering	with Wendell Foster's Camp	us?
		·	
4: What can we do to help			
	make you have a positive volu	inteering experience at Wend	ell Foster's Campus?
	make you have a positive volu	nteering experience at Wend	ell Foster's Campus?

Volunteer Work P	reference	'S							
I am comfortable wor	king in/with	(mark all	that app	ely)					
One-on-One			Smal	l Groups of			As Part	of a Team	
Relationships			i	People			ASTUIT	oj a ream	
I am interested in (mark all tha	t apply)							
On- Going Activities			Short T	Ferm Projects			Specia	l Events	
School/Class Obse	rvation				:	# of Hours Needed			
Community Servic	e Time				:	# of Hours Needed			
I am currently certifie	d in (mar	k all that app	ply)						
First Aid				CPR			Oi	her)	
Availability									
Weekdays					D	ays & Time	s		
Weeknights					D	ays & Time	S		
Weekends					D	ays & Time	s		
How many hours are y willing to commit to volunteer? (Please check Weekly Monthly to indicate preference.)	or			Wee					ease note any special vailability concerns below. (e.g.: "Seasonal")
				Mon	thly				

I am skilled, certified, and	or interested in the following type	s of activities (mark all that apply	y)
Adaptive Sports (Participation	Computers / Computer Support	Inventory	Photography
Adaptive Technology	Construction, Electrical and/or Plumbing	Ladies' Groups & Activities	Reading
Advocacy	Cosmetics (Hair, Nails, etc)	Letter & Card Writing	Sewing, Tailoring, and/or Quilting
Art / Arts & Crafts	Exercise & Fitness	Magic	Sign Language
Board Games Fundraising		Maintenance	Spiritual Care (Chapel, Prayer, etc)
Celebrations & Parties (e.g.: Birthdays)	Gardening & Landscaping	Men's Groups & Activities	Sports (TV / Live Games)
Community Companion (Weekly Visits)	Holiday Events & Activities	Nature (e.g.: fishing, etc)	Walking & Talking
Community Events (e.g.: Concerts)	Housekeeping	Office Work	Video Games
Music, Instruments, Kard and/or Dance	ioke,	Please Specify	

Other Activities	
(Please Specify)	
Acknowledgements	
By initialing this box, I acknowledge that Wendell	
Foster's Campus requires all volunteers to undergo a	
TB Skin Test & Volunteer Orientation. I also	
acknowledge that all volunteers over the age of 16 are	
required to undergo a Background Check. Finally, if I	
am approved, I agree to adhere to all volunteer	
expectations during my time of service.	
Y V	'
	Wendell Foster, 815 Triplett St., Owensboro, KY 42302
	Phone: 270-683-4517
	Fax: 270-683-0079