

1922 5<sup>th</sup> Ave NW  
Waverly, IA 50677  
Phone: (319) 352-4540  
Fax: (319) 352-8997



## VOLUNTEER APPLICATION

Thank you for your interest in Bartels Lutheran Retirement Community. If you have any questions, please contact Kara Groen, MA, MT-BC, Leisure Service Team Leader, at 319-352-6127 or [kgroen@bartelscommunity.org](mailto:kgroen@bartelscommunity.org)

Date: _____	
Last Name: _____	First Name: _____
Street Address: _____	City/State/Zip: _____
Email Address: _____	
Home Phone: _____	Work Phone/Cell: _____
Emergency Contact: _____	Emergency #: _____
Relationship: _____	

### About You! (Please write N/A if not applicable)

Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Church Affiliation \_\_\_\_\_  
Church Location (City) \_\_\_\_\_  
Civic Affiliation(s) \_\_\_\_\_

### Volunteer Opportunities (check all that interest you)

*Descriptions of volunteer opportunities are available at [www.bartelscommunity.org](http://www.bartelscommunity.org)*

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Animal-Assisted Therapy        | <input type="checkbox"/> Clerical Volunteer | <input type="checkbox"/> Computer Volunteer   | <input type="checkbox"/> Escort Volunteer      |
| <input type="checkbox"/> Friendship Volunteer           | <input type="checkbox"/> Garden Volunteer   | <input type="checkbox"/> Life Story Volunteer | <input type="checkbox"/> Music Volunteer       |
| <input type="checkbox"/> Personal Shopper               | <input type="checkbox"/> Reading Volunteer  | <input type="checkbox"/> Resident Volunteer   | <input type="checkbox"/> Small Group Volunteer |
| <input type="checkbox"/> Spiritual Care Volunteer       | <input type="checkbox"/> Wellness Volunteer |   |  |
| <input type="checkbox"/> Intern (please specify): _____ |   |   |  |
| <input type="checkbox"/> Other: _____                   |   |   |  |

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Why are you interested in volunteering at Bartels? \_\_\_\_\_

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Have you had any previous volunteer or employment experience that may assist you in volunteering? If so, briefly describe: \_\_\_\_\_

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Please list any interests or skills you might like to share or use while volunteering: \_\_\_\_\_

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Have you had any special training(s) which may be applicable to this volunteer position? If so, please list.

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If you wish, please share any other information or comments in regard to your application for this volunteer position. \_\_\_\_\_

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### Volunteer Requirements

Are you volunteering to fulfill a special requirement (community service, high school/college service project, class assignment, etc.) If so, please specify: \_\_\_\_\_

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When are you available (mark all that apply)?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am – noon							
Noon – 4pm							
4 pm – 8 pm							

How many hours per week or month would you like to volunteer? \_\_\_\_\_

Because of the time invested in training and orientation, we require volunteers to make an initial 6 month commitment to volunteer at Bartels. Is this something you are comfortable with? YES:  NO:

Do you have any special requirements in order to perform the volunteer job for which you have applied? If so, please specify: \_\_\_\_\_

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How did you learn of volunteer opportunities at Bartels? \_\_\_\_\_

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**Personal References (non-related)**

Name: _____	Relationship: _____
Telephone: _____	Email: _____
Name: _____	Relationship: _____
Telephone: _____	Email: _____
Name: _____	Relationship: _____
Telephone: _____	Email: _____

**Acknowledgements:**

I give my permission to have any requested records checks made by the Division of Criminal Investigation and the Dependent Adult Abuse and Sex Offender Registry. YES:  NO:

I acknowledge that consideration for my volunteer application is contingent on the results of reference checks, background checks and an interview. YES:  NO:

I understand that my social security number will be used for the sole purpose of running background checks. YES:  NO:

Bartels Lutheran Retirement Community does not discriminate on the basis of race, age, sex, religion or national origin.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application in person or by mail to:**

Bartels Lutheran Retirement Community  
Attn: Volunteer Coordinator  
1922 5<sup>th</sup> Ave NW  
Waverly, IA 50677

**Or by email:**

kgroen@bartelscommunity.org