

# RESPIRE CARE OF MARINETTE & MENOMINEE COUNTIES

## RESPIRE VOLUNTEER-INVITATION TO VOLUNTEER

*Please share your time, skills and interests with our families. You don't have to be an expert in healthcare or social work, just possess willingness to share. The "gift of time" you are sharing will help families and caregivers across the lifespan, and provide a valuable service to a community that truly needs you.*

### Contact Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Availability:

**I am available for Respite Care assignments during the following items:  
(Please indicate specific hours)**

Weekdays (mornings, afternoon, evenings): \_\_\_\_\_  
Weekends (morning, afternoon, evenings): \_\_\_\_\_

**I am comfortable providing care for the following – please mark all that apply:**

Adults 18 – 30 years: \_\_\_\_\_ M/F  
Adults 30 – 50 years: \_\_\_\_\_ M/F  
Adults 50 and older: \_\_\_\_\_ M/F

### Health Care Skill Level:

*Because some of our families may have special medical requirements we want to be sure to match you with the environment and client where you are best suited. Please review and check those health care situations where you are most comfortable providing care.*

<input type="checkbox"/> ALS	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Arthritis	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Down Syndrome
<input type="checkbox"/> Attention Deficit	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> HIV
<input type="checkbox"/> Asthma	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> AIDS
<input type="checkbox"/> Brain Tumor	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Alzheimer's Disease
<input type="checkbox"/> CVA (stroke)	<input type="checkbox"/> Dementia	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Other (Please describe): _____		

**Interests, Hobbies and Skills (Please list):**

*Tell us about your skills and interests that will help us match you with the right family.*

---

---

Do you belong to any social groups or clubs? Yes \_\_\_ No \_\_\_ If yes, which ones?

---

---

**Educational Background:**

	<b>Years Attended</b>	<b>Highest Grade Completed</b>	<b>Degree</b>
--	---------------------------	------------------------------------	---------------

High School: \_\_\_\_\_

Technical College: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

(Include any training through PTA, Red Cross, Etc.)

Do you have any physical or mental conditions which may limit your ability to serve as a volunteer? If so, please describe: \_\_\_\_\_

---

Are there certain situations in which you would not feel comfortable providing respite care? Yes \_\_\_ No \_\_\_ If you answered Yes, please describe below: \_\_\_\_\_

---

**REFERENCES:**

Please give the name, address, and phone number of three people who can vouch for your reputation, character and morals who isn't a relative. Suggestions: teachers, clergy person, employer, neighbor, etc.

	<b>Name</b>	<b>Address</b>	<b>Phone</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Previous Volunteer Experience:**

*Please share some of your other experiences as a volunteer:*

---

---

---

**Person to Notify in Case of Emergency:**

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

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

City, State, Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Agreement and Signature:**

*By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

**Our Policy:**

*It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.*

***Thank you for completing this application form and for your interest in volunteering with us.***