



Volunteer Application
Atwater Area Help for Seniors
PO Box 64 126 N 4th St
Atwater, MN 56209

Name—Last	First	Middle	Home phone #	
Petersen Barbara J.			Cell phone #	
Address – Physical	Mailing	Town	State	Birth date
5252 120th Street SE Atwater MN				07/03/1961
Email Address				
inthewoods@usa.com				

Occupation (past or present): _____ nurse _____ Retired
__X__

How would you prefer to be contacted? Phone _____ Email _____ Text __x__
Other (please list): _____

What is the best time to contact you?
_____ anytime _____

Volunteer Activities (Check all you will help with):

- Visits
- Phone calls
- Drive clients (in Atwater)
- Drive clients (Willmar, Litchfield)
- Drive clients (St. Cloud, Minneapolis/St. Paul)
- Deliver meals (one day a week or be a sub)
- Errands (mail – groceries – banking)
- Light housekeeping (dishes – laundry – dusting)
- Chores (rake lawn, mowing, wash windows, shovel snow, recycling)
- Caregiver respite (relieve caregiver for a few hours)
- Fundraising events (ex: Presidents Day pie/coffee, golf tournament)
- Train/lead classes: SAIL/exercise group
- Board member
- Office help (phone calls, filing, misc.)
- Pack/unpack for move
- Other (specify _____)

Snowbirds: Let us know which months you are available! _____

Do you have any physical limitations that will limit your volunteer activities? (Examples: unable to support elders walking or entering/exiting vehicle) Yes___ No_x__

If yes, please list: _____

Could you push a wheelchair? Yes__x_ No___

Are you able to transfer a wheelchair/walker to car? Yes__x_ No___

Do you have any allergies we should be aware of? (Example: pet allergies) Yes___ No_x

If yes, please list: _____

Are you pet friendly? Yes_x__ No___

Sign below, read, sign and return the following pages: confidentiality agreement, volunteer agreement, and waiver agreements

If you will provide transportation, please complete the following:

Driver's License #: Y535-270-353-013_____ Date of Expiration:

07/03/2027_____

Automobile Insurance Co.: Progressive_____ Car _x_ Van ___

Color_red_____

Automobile Insurance Policy Number:_997019596_____ Car License

#:___9RK375_____

I volunteer my services and understand that I am not an employee of the program.

Signature: __BarbaraJ.Petersen_____ Date:

01/10/2026_____

Emergency Contact: __Miranda Litzau_____ Phone:

(_320_)__220-4333_____

Relationship: ___Daughter_____

Thank you for taking time to complete this information.

Please return completed forms to:
Atwater Area Help for Seniors office
PO Box 64 or 126 N 4th St
Atwater, MN 56209

-----OFFICE Use Only-----

Date received: _____ Date interviewed: _____

Background check: _____ References checked: _____

Forms signed and received: Volunteer agreement: _____

Confidentiality agreement: _____

Orientation: _____

License current: _____ Insured for transportation: _____