



Volunteer Application

100 W. Walworth Street-Room 105
P.O. Box 1001 – Elkhorn, WI 53121
262-723-5383

volunteerwalworth@gmail.com
www.volunteerwalworth.org

Please print or type and complete all sections that apply.

Name: _____ **Birth date:** _____

Street address: _____ City, zip: _____

Mailing address: _____ City, zip: _____

Phone: _____

e-mail address (please print carefully): _____

Emergency contact: _____ Phone: _____

Days/times available: _____

Days (or months) unavailable: _____

Do you have a car? Yes No

The following is required for our insurance if you use your car for Volunteering:

Driver's License number: _____ State _____ Exp. Date _____

Please include a copy of your insurance card for proof of insurance.*

Beneficiary for Volunteer Connection supplemental accident insurance:

Name: _____ Relationship: _____

I understand that if I use my personal automobile to and from by Volunteer service, I will arrange to keep in effect automobile insurance equal to or greater than the minimum limits required by the State of Wisconsin.

Signature of Volunteer Applicant _____ Date _____ Signature of Staff _____ Date _____

Have you ever been convicted of a felony or are any felony charges pending against you? If yes, please explain. Answering yes will not automatically bar persons from becoming volunteers, but will be considered with respect to volunteer responsibilities. Yes No

I hereby authorize Volunteer Connection, Inc., and/or its agents to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information provided on this form. I release Walworth County and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used. I attest that the above is my true and complete legal name and date of birth and all information is true and correct to the best of my knowledge.

Signature of Volunteer applicant _____ Date _____

OVER

FOR OFFICE USE ONLY: Station assigned: _____ Date assigned: _____
Welcome package sent: _____ Entered in computer: _____ By: _____ 3/1/2017

Groups you consider working with:

- Pre-school
- School-age
- Teen-age
- Adult
- Mentally/physically disabled

Please choose all you would enjoy volunteering and/or have experience.

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> Office Accounting/bookkeeping Answer phones Data entry Filing Make phone calls
 Animal care Blood drives Board member Hospital assistant Gift shop cashier Greeter
 Swim with disabled Budget counselor Cashier
 Computers Social Media, web design Data entry
 Cooking Food pantry Stock shelves Distribute food Pickup / Deliver | <ul style="list-style-type: none"> Fund raising
 Disabled/elderly/veterans Grocery shop Pick up mediations Visit with shut-ins Phone shut-ins – TeleCare Respite for caregivers
 Museum Tour guide Data Entry
 Library assistant-shelving Friends of the Library
 Tutor / mentor children Deliver Meals on wheels
 Photography Thrift store Sort donations, cashier
 Project leader/coordinator Push wheelchairs at the Fair Tax preparation-training provided | <ul style="list-style-type: none"> Provide transportation
 Senior living aides Bingo, games Entertain/music Crafts
 Home help-Quality of Life Program Electrical Carpentry Plumbing Yard work/rake, mow, trim brush Shovel snow Clean gutters Woodworking
 <u>One-time events</u> Rummage sale Toys for Tots Day of Action Quality of Life Walk / Runs Registration Course marshal Hand out water Cheer participants Setup/takedown |
|--|--|--|

Who can we thank for referring you? _____ Are you a Veteran? Yes No
 Physical/medical limitations: visual hearing wheelchair walker/cane other _____

Is your request to volunteer due to community service hours Yes No

If yes, please briefly explain: _____

List other interest or anything you would like us to know:

YOU CAN MAKE A DIFFERENCE!