



# Volunteer Application

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

[Volunteers@tds.net](mailto:Volunteers@tds.net)

[www.volunteerwalworth.org](http://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 circle** all you would enjoy volunteering and/or have experience.

Office	Fund raising	Provide transportation
Accounting/bookkeeping		
Answer phones		
Data entry	Disabled/elderly/veterans	Senior living aides
Filing	Grocery shop	Bingo, games
Make phone calls	Pick up mediations	Entertain/music
	Visit with shut-ins	Crafts
Animal care	Phone shut-ins – TeleCare	
Blood drives	Respite for caregivers	Home help-Quality of Life Program
Board member		Electrical
Hospital assistant	Museum	Carpentry
Gift shop cashier	Tour guide	Plumbing
Greeter	Data Entry	Yard work/rake, mow, trim brush
		Shovel snow
Swim with disabled	Library assistant-shelving	Clean gutters
Budget counselor	Friends of the Library	Woodworking
Cashier		<u>One-time events</u>
	Tutor / mentor children	Rummage sale
Computers	Deliver Meals on wheels	Toys for Tots
Facebook, web page		Day of Action
Data entry	Photography	Quality of Life
	Thrift store	Walk / Runs
Cooking	Sort donations, cashier	Registration
Food pantry		Course marshal
Stock shelves	Project leader/coordinator	Hand out water
Distribute food	Push wheelchairs at the Fair	Cheer participants
Pickup / Deliver	Tax preparation-training provided	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:**

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**YOU CAN MAKE A DIFFERENCE!**