



Volunteer Application

735 N. Wisconsin Street-Suite 100
Elkhorn, WI 53121
262-472-9632
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

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? ☐ Yes ☐ No

If yes, please explain. Answering yes will not automatically bar persons from becoming volunteers, but will be considered with respect to volunteer responsibilities. _____

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 Volunteer Connection, Inc. 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: _____ 1/2019

Groups you are comfortable working with:

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

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

Office

Accounting/bookkeeping
Answer phones
Computers
Facebook, web page
Data entry
Filing
Make phone calls
Animal care
Blood drives
Board member
Hospital assistant
Gift shop cashier
Greeter
Budget counselor
Food pantry
Stock shelves
Distribute food
Pickup / Deliver
Fund raising

Disabled/elderly/veterans

Grocery shop
Pick up medications
Run errands
Visit with shut-ins
Phone shut-ins-TeleCare
Respite for caregivers
Swim with disabled
Teach: cooking, art, music,
computer, gardening
woodworking, etc.

Museum

Tour guide
Data Entry
Photography

Library assistant-shelving
Friends of the Library

Tutor / mentor
Deliver Meals on wheels

Thrift store

Sort donations, cashier

Project leader/coordinator
Provide transportation
Tax preparation-training
provided

Quality of Life Program

Electrical
Carpentry
Plumbing
Yard work/rake, trim brush
Shovel snow
Clean gutters
Woodworking

Senior Living aides

Bingo, games
Entertain/music
Crafts

One-time events

Rummage sale
Toys for Tots
Day of Action
Walk / Runs
Registration
Course marshal
Hand out water
Cheer participants
Setup/takedown
Walworth County Fair
Drive golf cart
Push wheelchair
Take tickets

Who can we thank for referring you? _____

Are you a Veteran? Yes ☐ No ☐

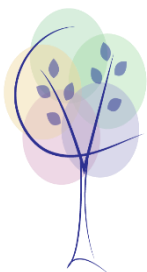
Physical/medical limitations: ☐ visual ☐ hearing ☐ wheelchair ☐ walker/cane ☐ other _____

Is your request to volunteer due to community service requirements Yes ☐ No ☐

If yes, number of hours _____ Hours are due _____

If yes, please briefly explain:

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



YOU CAN MAKE A DIFFERENCE!