

Aging and Disability Resource Center of Waukesha County

Local: (262) 548-7848, (866) 677-2372, Fax (262) 896-8273

VOLUNTEER APPLICATION

All information contained in this document is confidential.

Please Print and Press Firmly

Name/Last _____ First _____ Middle Name _____
(Use legal name)

Address _____ Apt. # _____

City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

SSN# _____ - _____ - _____ Male / Female DOB ____/____/____
(Circle One) (month / day / year)

How did you hear about us? _____

VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies _____

Clubs, Organizations you belong to _____

Have you volunteered before? Yes ___ No ___ Describe the work: _____

Agency _____ Address _____ Phone (____) _____

Position _____ Duties _____ May we contact Agency? Yes ___ No ___

If currently volunteering for the Aging and Disability Resource Center, how many years? _____

EMPLOYMENT HISTORY

Name of current employer _____ Phone (____) _____

Address _____ Date Employment Began _____

Name of Supervisor _____ Job Title _____

May we contact employer? Yes ___ No ___ Description of duties _____

REFERENCES *(not a relative)*

Name _____ Relationship _____ Phone (____) _____

Address _____

Name _____ Relationship _____ Phone (____) _____

Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

1) Name _____ Relationship _____ Day Phone (____) _____

2) Name _____ Relationship _____ Day Phone (____) _____

DRIVING INFORMATION

If you are volunteering for a position that requires driving, Waukesha County policy requires a valid Wisconsin driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one? Yes _____ No _____

As a volunteer, I agree to provide a valid Wisconsin driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to the Aging and Disability Resource Center so that they can be filed with this application.

Automobile insurance company _____ **Policy number** _____

Driver's license number _____

Signature of volunteer _____ **Date** _____

The Aging and Disability Resource Center of Waukesha County does not encourage volunteers accompanied by minor children, but will not prohibit the practice if the child in the company of the volunteer is over the age of six. Volunteers accompanied by a child while performing volunteer work do so at their own risk and assume any liability for injury to the child.

Will you have someone riding with you in the car? Yes _____ No _____ If child, provide age _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony or are any misdemeanor or felony charges pending against you? If yes, please explain. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities.)

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Waukesha County to conduct driver license, motor vehicle record, and criminal background checks, as needed, as well as reference checks to determine my suitability for placement. I hereby release all parties from any liability for furnishing this information.

Signature of Volunteer _____ Date _____

PARENTAL CONSENT: *(To be completed if applicant is under 18 years of age.)*

I give my consent for my child, named on page one of this application, to provide volunteer services to Waukesha County. I also give Waukesha County my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

VOLUNTEER'S ACKNOWLEDGEMENT OF CONFIDENTIALITY: As a volunteer, I agree that matters pertaining to clients of the Aging and Disability Resource Center of Waukesha County are confidential. I agree that I will not discuss or disclose any of this information with anyone outside of the Aging and Disability Resource Center at any time.

Signature of Volunteer _____ Date _____

Print name of Volunteer _____

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Waukesha County acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.



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VOLUNTEER VEHICLE USE AGREEMENT

Driver Name – First, Middle Last

Volunteer Supervisor/Program

If you are volunteering for a position that requires driving, Waukesha County policy requires a valid Wisconsin driver's license and proof of automobile insurance.

Volunteer Agreement

I currently possess a valid Wisconsin driver's license or commercial driver's license and will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

I understand that the County may request my driving record from the Department of Transportation.

If operating a personal vehicle on County business, I will maintain automobile liability insurance coverage on the motor vehicle.

Driver's Signature

Date

Volunteer Supervisor's Signature

Date