

**HEALTH AND HUMAN SERVICES VOLUNTEER APPLICATION
SHORT TERM**

Health and Human Services (HHS) / Public Health
(262) 548-7284

You can type in this form and save it or print it out and complete it.

Personal

Name/Last _____ First _____ Middle _____

Address _____

City _____ Zip _____

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

____ Male ____ Female DOB ____/____/____ Email _____

Preferred method of contact: Phone Email

Volunteer position applying for (select one): Contact Investigator or Care Resource Volunteer

How did you hear about us? _____

Most Recent Volunteer or Work Experience

Agency Name _____ Phone (____) _____

Address _____ Dates employed – from _____ to _____

Name of supervisor _____ Job title _____

May we contact this agency? ____ Yes ____ No Description of duties _____

Agency Name _____ Phone (____) _____

Address _____ Dates employed – from _____ to _____

Name of supervisor _____ Job title _____

May we contact this agency? ____ Yes ____ No Description of duties _____

Education/Background

Please list education and skills: _____

Equipment/Technology

Do you have a password protected internet connection available to use in this volunteer assignment?

YES NO

Criminal History

Have you ever been convicted of a misdemeanor or felony or are any misdemeanor or felony charges pending against you? (Note: A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the position for which you are applying.)

NO YES: Please Explain _____

Have you resided outside the state of Wisconsin in the last three years? If so, please provide details.

NO YES: Please Explain _____

Acknowledgement of Confidentiality / Consent / Vehicle Use Agreement

Acknowledgement of Confidentiality: As a volunteer, I agree that matters pertaining to clients of HHS are confidential. I agree that I will not discuss or disclose any of client information with anyone outside of HHS at any time.

Consent: 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 _____

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.