



Human Services
Office: (920) 849-1400
Fax: (920) 849-1468

Public Health
Office: (920) 849-1432
Fax: (920) 849-1476

Aging and Disability Resource Center
Office: (920) 849-1451
Fax: (920) 849-1635

206 Court Street, Chilton, WI 53014
Toll Free: (833) 620-2730
Crisis Line: (920) 849-9317 or (920) 832-4646

Health and Human Services

VOLUNTEER APPLICATION FORM

DATE OF APPLICATION: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE:() _____ BUSINESS PHONE:() _____

What days would you be available to volunteer?

- Mondays Tuesdays Wednesdays Thursdays Fridays Weekends

EMERGENCY CONTACT: Name of Person to Call in an Emergency: _____

Relationship: _____ Telephone:() _____

Volunteer Opportunities (Circle all that you are interested in): Assisting at the Congregate Meal Site --(If applying for Congregate Site only, complete upper portion and Volunteer Coordinator will contact you to complete the registration process and orientation). Deliver Meals on Wheels, Transportation Driver, Friendly Visitor, Telephone Reassurance. Please continue on with the application.

COMMUNITY INVOLVEMENT INFORMATION:

EDUCATION: _____

EMPLOYMENT PRESENT OR PAST: _____

What days would you be available to volunteer?

- Mondays Tuesdays Wednesdays Thursdays Fridays Weekends

What time of day do you prefer?

- Mornings Afternoons Evenings Specific Times: _____

Do you have allergies to? Cats Dogs Smoke



REFERENCE INFORMATION:

Please list two references: (non-relative)

(1)Name: _____ Relationship: _____

Address: _____

Telephone Number: () _____

(2)Name: _____ Relationship: _____

Address: _____

Telephone Number: () _____

Please complete next page ONLY IF volunteering for transportation or delivery of meals.

You will also need to complete a Caregiver Background check.

**Volunteer Motor Vehicle Check
Driver's License Information:**

For Office Use:	
Results of Department Motor Vehicle Check:	
Driver Record Abstract Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Information Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Driver's License:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name _____ Phone # _____

Address _____

Do you have a Valid Wisconsin Driver's License? Yes No

Driver's License #: _____ State _____ Expiration Date _____

Restrictions _____

Did you ever have a traffic violation? Yes No If yes, list all traffic violations: _____

Vehicle Information:

Do you own or have access to an automobile? Yes No

Make: _____ Model: _____

License Plate Number: _____ Color: _____ Year: _____

Type of vehicle: Compact Full Size 2-Door Minivan Van
Other (specify) _____

Seating Capacity _____

(Calumet County requires the use of seatbelts when operating a vehicle on county business.)

Insurance Company: _____

Agent: _____ Coverage: _____

****Please attach a photocopy of your policy declaration page or certificate of insurance***

Assistance:

Please state any personal preference you have in regard to the types of individuals you are willing to transport (e.g., only males, females, non-smokers, non-disabled (vision, hearing, mobility), etc.):

Willing to Drive:

	Weekly (Specify Days)	Monthly	Occasionally
In County (10 mile radius)			
Out of County			

STATEMENT OF RELEASE:

I hereby declare all of the foregoing statements to be complete and true. I understand that false statements on this application shall be considered sufficient cause for termination from the program. I authorize Calumet County to check my references, driving record, and criminal history. I further acknowledge and agree that I am not an employee of Calumet County for purposes of the volunteer work that I will undertake.

Signature

Date