

Health and Human Services

VOLUNTEER APPLICATION FORM

DATE OF APPLICATION: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE :() _____ CELL PHONE :() _____

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, Deliver Meals on Wheels, Transportation Driver, Friendly Visitor and Telephone Reassurance.

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

Have you ever been convicted of a criminal offense? Yes No

REFERENCE INFORMATION:

Please list two references: (non-relative)

(1)Name: _____ Relationship: _____

Address: _____

Telephone Number: () _____

(2)Name: _____ Relationship: _____

Address: _____

Telephone Number: () _____

(OVER)



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, and mobility), etc.):

Willing to Drive:

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

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***

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 _____