

## WALWORTH COUNTY VOLUNTEER APPLICATION

CONTACT INFORMATION			
Last Name	First Name	Middle Initial	
Street Address			Daytime Phone
City	State	Zip Code	Evening Phone
E-mail Address			Birthdate:
AVAILABILITY			
Days of Week and Time Available  Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____		Dates you Plan to Volunteer From – _____ To – _____  Ideal Number of Hours Per day _____ Per week _____  Volunteer Position Applying for:  Are you available for: <input type="checkbox"/> Short-term projects <input type="checkbox"/> Long-term projects <input type="checkbox"/> On-call	
If volunteer hours have been assigned by church, school, court, or other program, please indicate.  Name of Program _____  Number of Hours _____ Completion date _____			
EMERGENCY CONTACT INFORMATION			
IN CASE OF EMERGENCY PLEASE CONTACT:			
Name:		Phone:	
VOLUNTEER EXPERIENCE			
Agency	Duties		Telephone
Agency	Duties		Telephone
BACKGROUND			
List Skills, Interests, Hobbies			

Why would you like to volunteer?

Do you have a valid WI driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, license number

Do you maintain personal automobile insurance coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony or are any felony charges pending against you? If yes, please explain. (Note: answering yes will not automatically bar persons from becoming volunteers but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities).  
  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever volunteered or worked for any Walworth County Department?  
  
\_\_\_\_\_ Yes \_\_\_\_\_ No    If yes, in which department ? \_\_\_\_\_

**REFERENCES**

Name	Address	Phone	Relationship

I hereby authorize Walworth County 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 Walworth County 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 \_\_\_\_\_

**PARENTAL CONSENT:** (To be completed if applicant is under 17 years of age)

I give my consent for my child named above to provide volunteer services to Walworth County. I also give Walworth County my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_