

# Volunteer Application – Community Outreach Center



## Contact Information

Name (First, Last, Middle Initial)	
<i>Current Address</i> Street Address (no PO Box)	
City, State, Zip Code	
<i>Previous Address (If at Current Address less than 7 years)</i> Street Address (no PO Box)	
City, State, Zip Code	
Home Phone	
Cell Phone	
Email Address	
What is the best way we can contact you? (You may choose more than one)	Paper Mail _____ Email _____ Phone Call _____ Text Message _____
Birthdate (REQUIRED) – mm/dd/year	
Non-Emergency Contact (Name & Phone)	

## Person to Notify in Case of Emergency

Name (First, Last)	
Street Address (no PO Box)	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

Do you speak any languages other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what languages? \_\_\_\_\_

How did you learn about this volunteer opportunity? (Choose one)

Volunteer Center of Racine County \_\_\_\_\_ VolunteerMatch.org \_\_\_\_\_ AllForGood.org \_\_\_\_\_ Other \_\_\_\_\_

If you chose "Other," how did you learn about this volunteer opportunity? \_\_\_\_\_

Military Status (if applicable): Active \_\_\_\_\_ Veteran \_\_\_\_\_

Do you currently use any of our Community Outreach Center services? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what services? \_\_\_\_\_

Do you know any of our Community Outreach Center's current or past volunteers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_ How do you know them? \_\_\_\_\_

## Availability

Please choose all the times you are available to volunteer.

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

## Interests

Tell us in which areas you are interested in volunteering.

### Client Services Team

- Greeter  
 Client Check-In  
 Client Attendant  
 Product Assembly/Order Fill  
 Product Distribution  
 Product Assistance/Carts

### Product Care Team

- Pick-Up  
 Delivery  
 Load/Unload  
 Stocking  
 Product Preparation

### Reset Team

- Facilities Care/Cleaning (Ongoing throughout day)  
 End of Day Cleaning/Closing

### Other

- Team Leader  
 Volunteer Coordinator  
 Guest Speaker Attendant  
 Literacy Coach  
 Community Outreach/Public Relations  
 Social Media  
 Fundraising  
 IT

## Special Skills or Qualifications

Employer / Retired From: \_\_\_\_\_

Area or field of work experience.

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Are you CPR Certified? Yes \_\_\_\_\_ No \_\_\_\_\_

## Previous Volunteer Experience

Summarize your previous volunteer experience.

**More About You**

Tell us about yourself, including what you expect to gain from volunteering with Giving to the Nations.

List any health conditions or physical limitations that may affect your volunteer assignment. For example: standing, lifting.

**People Who Know Me (non-relatives) #1**

Name (First, Last)	
Street Address (no PO Box)	
Phone	
How Acquainted	

**People Who Know Me (non-relatives) #2**

Name (First, Last)	
Street Address (no PO Box)	
Phone	
How Acquainted	

**Agreement and Signature**

By signing this Volunteer Application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. **I further understand that Giving to the Nations, Inc. will conduct a background check on me.** I understand that Giving to the Nations, Inc. is not obligated to accept me into their volunteer program and that if accepted they or I may terminate the volunteer agreement at any time. If accepted, I understand that false or misleading information given in my application(s) or interviews(s) may result in discharge at any time. I agree to treat all information I may hear, see, read or otherwise acquire as highly confidential and I will not reveal or discuss this information outside of my official duties associated with Giving to the Nations, Inc.

Other Names Known By - for example: Alternate Spellings used (Jon or Jonathan); Maiden Name; Previous Married Name(s):

Name (printed):	Date:
Signature:	

Thank you for completing this Volunteer Application form and for your interest in serving with Giving to the Nations.

**Please mail completed Volunteer Application form to:**

Giving to the Nations  
 4003 Durand Ave, Ste 5A  
 Racine, WI 53405

**OR**

**Email:** office@givingtothenations.org