



HUMAN SERVICES AND HEALTH DEPARTMENT VOLUNTEER APPLICATION



(Please Print)

Name/Last _____ First _____ Middle _____

Address _____ City _____

Phone Number(s) _____ DOB ____ / ____ / ____

Driver's License # _____ Soc Sec # _____

How did you hear about us? _____

Position applying for _____

VOLUNTEER EXPERIENCE

Agency _____ Address _____ Phone Number _____

Position _____ Supervisor _____ May we contact? Yes / No

Agency _____ Address _____ Phone Number _____

Position _____ Supervisor _____ May we contact? Yes / No

HOURS YOU ARE AVAILABLE TO VOLUNTEER

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

WHERE YOU ARE WILLING TO DRIVE TO DURING THE COURSE OF A DAY (IF APPLICABLE)

Local City/Villages _____ Rural _____ Larger Cities (such as Madison or Milwaukee) _____

No Preference _____ List any locations you do not wish to drive to _____

VOLUNTEER INFORMATION

Are you applying to fulfill any school or church requirements? Yes _____ No _____

Place requiring hours _____ If yes, how many hours do you need to complete? _____

Are you applying for community services hours? Yes _____ No _____

**If yes, please submit a letter of recommendation from your probation agent/case worker and their phone number.*

Mission Statement: The goal of the Aging and Disability Resource Center of Dodge County is to provide information, assistance, and advocacy for older adults and adults with disabilities; our mission is to link them with resources and services which help them live independently and with dignity.

EMPLOYMENT HISTORY

Name of Current/Last Employer _____ Phone Number _____

Address _____ Dates Employed _____

Name of Supervisor _____ May we contact? Yes / No

Name of Current/Last Employer _____ Phone Number _____

Address _____ Dates Employed _____

Name of Supervisor _____ May we contact? Yes / No

REFERENCES

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony or are any misdemeanor or felony charges pending against you? If yes, please explain. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness, and relationship to volunteer responsibilities.)

Yes _____ No _____ Explain: _____

PLEASE READ CAREFULLY BEFORE SIGNING: I as a prospective volunteer/intern, understand the need for a background check and give permission to Dodge County to have my name(s) checked through state and local law enforcement agencies concerning contacts, citations, arrests, and with the Department of Motor Vehicles concerning my driving record. I also understand that Dodge County may check my name through the State Central Registries of Adult and Child Abuse/Neglect, and the Sex Offender's Registry.

Applicant Signature _____ Date _____

The following must be completed if applicant is under 18 years of age.

I give my consent for my child named on page one of this application to provide volunteer services to Dodge County. I also give Dodge County my consent to obtain emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Submit Completed Application to hsagingunit@co.dodge.wi.us or mail to:

ADRC of Dodge County
Attn: Jackie DeLaRosa, Aging, Nutrition, Transportation Supervisor
199 County Road DF – 3rd floor
Juneau, WI 53039