



600 Rolfs Avenue, West Bend, WI 53090

Application for Volunteer

(Please Print Using Black or Blue Ink)

Name:	First	Last	MI
Address:			
Home Phone:		Cell / Other Phone:	Are you at least 18 years old?

E-Mail _____

Do you have a High School or equivalent education level? _____ yes _____ no

EMPLOYMENT (Start with your present or last job)

Company:	From:	To:
Address:		
Supervisor:	Phone:	
Work Performed:		

Company:	From:	To:
Address:		
Supervisor:	Phone:	
Work Performed:		

ADDITIONAL SKILLS / TRAINING / EXPERIENCE (Please list any special skills and qualifications)

IN CONSIDERATION OF YOUR PERSONAL NEEDS, PLEASE LIST ANY LIMITATIONS YOU HAVE

AVAILABILITY

Indicate days and times you prefer

- Daytime hours: _____
- Weekends: _____
- Weekday evenings: _____
- I am flexible, talk with me about a schedule

REFERENCES (Preferably employers or supervisors of previous volunteer experiences)

1) Name:	Address:	Phone:
2) Name:	Address:	Phone:
3) Name:	Address:	Phone:

ADDITIONAL INFORMATION

Do you have a valid driver's license? yes no

UNDERSTANDING AND AUTHORIZATION

I certify that all the answers on this application are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.

I agree that in the course of considering my application, you may inquire to verify information concerning my background. I specifically authorize you to investigate all statements in this application. I authorize employers, and references listed above to give you any and all information concerning my education, employment, and fitness to work with adults who have a developmental disability. I further agree to release and hold harmless The Threshold Incorporated, institutions and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature _____ Date _____

How did you learn about this volunteer opportunity?
