

Application for Volunteer Service

Personal Information (Please print all information)			
First Name:	Middle:	Last:	
Address:			
City:		State:	Zip:
Email:			
Home Phone:		Cell Phone:	
Date of Birth:	Gender: ___M ___F	Employer:	

Education			
High School:		Years Completed:	
City:			State:
College:		Years Completed:	
City:			State:
Major:		Minor:	

Volunteer Experience (Most recent)			
Agency:		Phone:	
Volunteer Position:			
Supervisor:		Start Date:	End Date:
Volunteer Duties:			
Group/Community Affiliation:			Current member?

Emergency Contact			
Name:		Relationship:	
Home Phone:		Cell Phone:	

Return Completed forms to:
 IndependenceFirst
 Attn: Volunteer Dept.
 540 South 1st Street, Milwaukee, WI 53204

Availability (Please list days you are available to volunteer and the time of day)

Day(s) of the week:

Time of day:

Hours per day:

References: Give the name, address and phone/email of two, non-family members who can provide references on your ability to perform volunteer work.

Name:		Phone:	
Address:	City:	Zip:	
Name:		Phone:	
Address:	City:	Zip:	

Volunteer Opportunities/Interests

Volunteer opportunities are not limited to the items listed below. If you have an interest or special skill you would like to share with our agency, please list in the space provided.

Agency Support

- Advocacy
- Fundraising
- Special Events
- Planning Committee

Clerical/Office

- Mailings
- Copying/collating
- Data Entry
- Filing

Programs

- Youth Programs
- Peer Mentoring
- Wellness

Translation

- Sign Language
- Spanish
- Hmong
- Russian

Public Relations

- Marketing
- Photography
- Graphic design
- Social Media

Technology

- Webpage design & updates
- Programming
- Refurbish computers
- Technology mentor

Consumer Support (providing direct services to our consumers)

- | | | |
|---|--|--|
| <input type="checkbox"/> Yard work | <input type="checkbox"/> Shopping | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Snow removal | <input type="checkbox"/> Cleaning/organizing |
| <input type="checkbox"/> Correspondence | <input type="checkbox"/> Telephone support | <input type="checkbox"/> Minor home repairs |

Other:

How did you hear about volunteering with Independence *First*?

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website | <input type="checkbox"/> Volunteer Center of Milwaukee |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Church |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television | <input type="checkbox"/> Agency workshop/event |
| <input type="checkbox"/> Referral (Agency or School): _____ | | |

Volunteer Consent and Releases

	Please read and initial next to each of the following statements
<p>_____</p> <p><i>Initial here</i></p>	<p>Certification of Information (required) I certify that the facts set forth in this application and its attachments are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.</p>
<p>_____</p> <p><i>Initial here</i></p>	<p>Liability Release (required) I hereby release from any and all liability all representatives of IndependenceFirst for their acts performed in connection with evaluating my application, background, credentials and qualifications. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions, then IndependenceFirst may deny me a volunteer assignment or terminate my assignment, and I agree that IndependenceFirst shall not be liable in any respect if it does so.</p>
<p>_____</p> <p><i>Initial here</i></p>	<p>Background Check Acknowledgement (required) I understand that in order to become a volunteer for IndependenceFirst a criminal background check must be performed using the information I have provided on this application. I furthermore understand that I am not accepted as a volunteer until I am notified by IndependenceFirst and I will not participate in any volunteer related activities until such notification.</p>
<p>_____</p> <p><i>Initial here</i></p>	<p>Photo Release for IndependenceFirst Marketing Purposes (optional) I hereby give IndependenceFirst the irrevocable right to use my picture, portrait, video image, name, or photograph in all forms and media and in all manner for advertising, trade or in any lawful purpose for the benefit of IndependenceFirst only. I forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a website or social media platform that may be created in connection therewith. I understand that I cannot control the unauthorized use by persons other than those under the employment of IndependenceFirst of my name or image once such name or image is published. Any claim I have concerning unauthorized publication of my image and my name must be pursued by me against the unauthorized user. IndependenceFirst disclaims any responsibility for such unauthorized use of my published image or name.</p>

I have had sufficient time to review and seek explanation of the provisions contained above, and have carefully read and understand them and agree to be bound by them. **(required)**

Signature of applicant: _____ Date: _____

If the applicant is under the age of 18, his or her parent or legal guardian must sign the statement below.

I am the parent/legal guardian of the volunteer who has signed above. I have read and understand the provisions of this document. I consent to the volunteer participating in the volunteer assignment and I fully enter into and agree to the above volunteer consent and release statements.

Signature of parent/legal guardian: _____ Date: _____