



VOLUNTEER APPLICATION

First Name: _____ Last Name: _____
 Middle Initial: _____ Date of Birth: _____
 Address: _____
 City/State/Zip: _____
 Phone Numbers: (home) _____ (cell) _____
 Email Address _____

Recent Employment History	Dates	Description of Work
Volunteer History	Dates	Description of Work

Areas of county in which you are willing to serve:					
___ Menomonic	___ Colfax	___ Sand Creek	___ Ridgeland	___ Knapp	___ Elk Mound
___ Boyceville	___ Connorsville	___ Downsville	___ Eau Galle	___ Rock Falls	___ Wheeler

Availability							
Morning	__ Monday	__ Tuesday	__ Wednesday	__ Thursday	__ Friday	__ Saturday	__ Sunday
Afternoon	__ Monday	__ Tuesday	__ Wednesday	__ Thursday	__ Friday	__ Saturday	__ Sunday

Office Use Only

_____ References _____ Background Check _____ Orientation
 _____ Confidentiality/Liability _____ Database

Volunteer Interests

COMMUNITY CONNECTIONS

This program works with people so that they are able to live independent and dignified lives. Please check all areas in which you are interested in volunteering a helping hand.

<input type="checkbox"/> Shopping with Client	<input type="checkbox"/> Shopping for Client	<input type="checkbox"/> Errands	<input type="checkbox"/> Yard work	<input type="checkbox"/> Childcare
<input type="checkbox"/> Sewing/mending	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Meals	<input type="checkbox"/> Shoveling	<input type="checkbox"/> Laundry
<input type="checkbox"/> Companionship	<input type="checkbox"/> Transportation	<input type="checkbox"/> Fix-it	<input type="checkbox"/> Respite	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Telephone reassurance	<input type="checkbox"/> Home Repair	<input type="checkbox"/> Jail	<input type="checkbox"/> Budgeting	
<input type="checkbox"/> C3 Center				

I am willing to volunteer with:

Individuals that are isolated & lonely

Mothers/fathers

Individuals living with a mental illness that are isolated & lonely (independent & stable)

Individuals living with addiction that are isolated & lonely

Individuals with physical and/or cognitive disabilities

Concerns if Care Receiver smokes? yes no

Concerns if Care Receiver has a pet? yes no

Concerns with gender of Care Receiver yes no Prefer: Female Male

TRANSPORTATION INFORMATION:

If you are willing to provide transportation/delivery, please complete the following questions.

Do you have a valid driver's license? yes no D.L. Number: _____

Do you have Car Liability Insurance? yes no

Have you ever had your driver's license revoked? yes no

Reason: _____

FOOD PANTRY

This program serves all those in need of food and personal care products in Dunn County. The food Pantry is 99% staffed by volunteers. Please indicate areas in which you would like to volunteer.

<input type="checkbox"/> Desk/Intake	<input type="checkbox"/> Stocking Shelves/filling orders	<input type="checkbox"/> Record keeping	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Food Delivery	<input type="checkbox"/> Other: _____	<input type="checkbox"/> All	<input type="checkbox"/> Inventory

SHELTER

This program provides homeless individuals with temporary shelter in one of three furnished apartments. The House also provides information and referral services for those at risk of homelessness. Areas in which you would like to volunteer:

<input type="checkbox"/> Childcare	<input type="checkbox"/> Gardening <input type="checkbox"/> Yard work <input type="checkbox"/> Shoveling
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Sorting Donations <input type="checkbox"/> Apartment Cleaning

GENERAL AGENCY

Ways in which volunteers can serve the entire agency.

<input type="checkbox"/> Data Entry	<input type="checkbox"/> General Office	<input type="checkbox"/> Bulk Mailings
<input type="checkbox"/> Special Events (fund raising) Projects	<input type="checkbox"/> Gardening	<input type="checkbox"/> Yard work/Lawn mowing
<input type="checkbox"/> Committees	<input type="checkbox"/> Shoveling	<input type="checkbox"/> Other

Additional Volunteer Information

EMERGENCY INFORMATION: In case of an emergency, please notify:

Name: _____ Relationship: _____

Contact Numbers: (H) _____ (W) _____ Cell: _____

Name: _____ Relationship: _____

Contact Numbers: (H) _____ (W) _____ Cell: _____

Hobbies/Interests/Special

Skills: _____

Physical Limitations:

REFERENCES

Please provide three character references. Addresses must be included! If possible, include on previous employer and one volunteer associate. Please do not include family members.

Name: _____ Home phone: _____
 Address: _____ Work phone: _____
 City: _____ State: _____ Zip: _____
 Email address: _____
 Relationship to Applicant: _____ Occupation: _____

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Name: _____ Home phone: _____
 Address: _____ Work phone: _____
 City: _____ State: _____ Zip: _____
 Email address: _____
 Relationship to Applicant: _____ Occupation: _____

I certify that the answers given on this application are true and complete to the best of my knowledge. I authorize Stepping Stones of Dunn County to conduct a criminal record check.

Signature: _____ Date: _____

Please print and return to:

Stepping Stones
 1620 Stout Rd.
 Menomonie, WI 54751

or send as an attachment to:

communityconnect@steppingstonesdc.org