



## Student Volunteer Application

<b>Office Use Only</b>		
_____ Background Check	_____ Confidentiality/Liability	_____ Sign-In Book
_____ Orientation/Tour	_____ Car Insurance	_____ Student Database
_____ Received Volunteer Manual	_____ Picture for DB	

First Name:	MI:	Last Name:
Address/City/Zip Code:		
Phone Number(s):		
Email Address:		Date of Birth:

If this is for an Internship, Practicum, Field Experience, or any class requirement, complete this section:

Class Title \_\_\_\_\_ Major \_\_\_\_\_

Hours Needed \_\_\_\_\_

Beginning Date \_\_\_\_\_ Date to be Completed by \_\_\_\_\_

Instructor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

<b>Availability:</b> Please be specific in the hours you are <u>available</u>					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Please continue to the other side of the page->

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

Please list any physical limitations you may have:

Do you have a valid driver's license? Yes/No

Do you have liability insurance? Yes/No

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell: \_\_\_\_\_

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 email your completed application to [communityconnect@steppingstonesdc.org](mailto:communityconnect@steppingstonesdc.org) or drop it off at:

Stepping Stones of Dunn County  
1602 Stout Road  
Menomonie, WI 54751  
Ph. (715) 235-2920