



Student Volunteer Application

----- Confidentiality/Liability
----- Car Insurance

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 _____

<u>Availability:</u> 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 or drop it off at:

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