



Background Check     Training     Link

## Winter Haven Volunteer Application

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*How did you hear about the volunteer need for Winter Haven?**

**\*Do you have any skills or interests you might like to share with Winter Haven?**

**\*Have you been trained in CPR or First Aid? Yes No**  
**If yes, approximately when were you trained? (Month/Year) \_\_\_\_\_**

**\*How often are you interested in volunteering? (Circle one) We do have a REQUIREMENT that you volunteer at least twice in a season (unless signed up with a church group).**

**Weekly**

**Bi-Weekly**

**Monthly**

**\*Please list any physical limitations you may have:**

**Additional Volunteer Information**

**Emergency Information: In case of an emergency, please notify:**

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

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

**I understand that by signing below I am granting Winter Haven Warming Shelter to complete a criminal background check. I further understand that by signing I release Winter Haven Shelter, Stepping Stones of Dunn County, and any volunteers and guests at the shelter, of liability while working at Winter Haven Warming Shelter.**

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**Signature**

**Date**

**Completed Applications can be emailed to Jill Seichter, Community Connections Coordinator, at:**

**[communityconnect@steppingstonesdc.org](mailto:communityconnect@steppingstonesdc.org)**

**Or, they can be dropped off at Stepping Stones of Dunn County at:  
1602 Stout Road  
Menomonie, WI 54751  
(715)235-2920**