

Office Use Only

Background Check CCAP Received Volunteer Handbook Orientation/Tour
 References Checked Confidentiality Signed Sign-in Book
 Schedule Sent Guardian Consent Signed Picture for Database
 _____ Date Hours Started _____ Date Hours Completed _____ Entered into DB or ELEO



VOLUNTEER APPLICATION

Please Mark Which Volunteer Position You Are Applying For :

Community Member
 Student Volunteer
 Court Ordered Community Service

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Birthdate: _____

Email: _____

Gender Identity/Preferred Pronouns: _____

Current Employment or Where Retired From	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 and car insurance? _____

What Hours Are You Available?

Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____
Thursday: _____ to _____ Friday: _____ to _____ Saturday: _____ to _____

Do you need a certain number of hours for a class or for community service?
(If Community Service, please list the specific charges) _____

If so, how many hours are needed? _____ Date to be completed by: _____

*****We are unable to have you do your hours here if there are any theft or violence charges anywhere in your background*****

~Please Mark All Volunteer Opportunities You Are Interested In~

Pantry distribution (helping in the shopping area) _____

Pantry Intake (checking clients in on the computer) _____

Stocking the pantry _____

Reception desk _____

Agency cleaning _____

Shelter apartment cleaning (to get it ready for the next family to move in) _____

Mowing _____

Shoveling / Snow blowing _____

Gardening / Weeding _____

Pick-ups and deliveries driving our commercial pantry truck (24ft box; no CDLrequired) _____

Food deliveries to homebound clients _____

Pop-Up Pantry onsite help: Colfax Downsville Ridgeland
Rock Falls Elk Mound Sand Creek

Pop-Up Pantry Driver- driving our commercial pantry truck (24ft box; no CDLrequired) _____

Donated food pick-ups (Kwik Trip, Dick's Fresh Market, etc.) (Truck or van needed) _____

Mailings (stuffing envelopes) _____

Small home repairs; please list your skills: _____

Are you interested in being on one of our committees?

Education & Advocacy: _____

Development (Fundraising & Marketing) : _____

Program Development & Evaluation: _____

References (Please do not include family members)

Name: _____

Phone: _____

Relationship to you: _____

Name: _____

Phone: _____

Relationship to you: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____

Phone: _____

Relationship to you: _____

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 j.seichter@steppingstonesdc.org or, drop it off at:

**Stepping Stones of Dunn County
1602 Stout Road
Menomonie, WI 54751
Ph. (715) 235-2920 Ext. 204**