

**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: \_\_\_\_\_

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| Current Employment or Where Retired From | Dates | Description of Work |
|--|-------|---------------------|
|  |       |                     |
| Volunteer History                        | Dates | Description of Work |
|  |       |                     |
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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: \_\_\_\_\_

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**References (Please do not include family members)**

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

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

Relationship to you: \_\_\_\_\_

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

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

Relationship to you: \_\_\_\_\_

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**IN CASE OF AN EMERGENCY, PLEASE NOTIFY:**

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

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

Relationship to you: \_\_\_\_\_

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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 [a.metoxen@steppingstonesdc.org](mailto:a.metoxen@steppingstonesdc.org) or, drop it off at:

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