



STUDENT VOLUNTEER APPLICATION

Office Use Only

Background Check CCAP
 Date starting
 Received Volunteer Handbook

Orientation/Tour
 Picture for DB
 Nametag
 Confidentiality Signed

Guardian Consent
 Car Insurance
 Volunteer Database
 Mailing Database

First Name: _____ MI: _____ Last: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Birthdate: _____

Email Address: _____

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 _____

Please list any physical limitations you may have:

What hours are you available?

Monday: ___ to ___ Tuesday: ___ to ___ Wednesday: ___ to ___ Thursday: ___ to ___
 ___ to ___ ___ to ___ ___ to ___ ___ to ___

Friday: ___ to ___ Saturday: ___ to ___
 ___ to ___ ___ to ___

Please continue to the other side of the page->

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

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Contact Numbers: (1ST) _____ (2ND) _____

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

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