



VOLUNTEER APPLICATION

Office Use Only	<input type="checkbox"/> Orientation/Tour	<input type="checkbox"/> Guardian Consent
<input type="checkbox"/> Background Check CCAP	<input type="checkbox"/> Picture for DB	<input type="checkbox"/> Car Insurance
<input type="checkbox"/> References Checked	<input type="checkbox"/> COVID Pre-Screen	<input type="checkbox"/> Volunteer Database
<input type="checkbox"/> Received Volunteer Handbook	<input type="checkbox"/> Confidentiality Signed	<input type="checkbox"/> Mailing Database

First Name: _____ **MI:** _____ **Last:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____

Birthdate: _____

Email Address: _____

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

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 check all volunteer opportunities you are interested in~

COMMUNITY CONNECTIONS

- Small home repairs
 - Shoveling
 - Yard work (mowing and raking)
 - Transportation for clients
 - Wheelchair ramps (building with a team)
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FOOD PANTRY/WAREHOUSE

- Pantry Intake (checking clients in on the computer)
- Packing bags of food

Pop-Up Pantry Driver (vehicle provided): Ridgeland/Sand Creek Colfax/Downsville

Pop-Up Pantry Onsite Help: Ridgeland/Sand Creek Colfax/Downsville

FOOD PICK-UP AND DELIVERIES

- Homebound pantry client food deliveries (any size vehicle)
 - Project SAM deliveries to elementary schools (weekend kids' meal bags) **Need pick-up truck/van**
 - Donated food pick-ups (Walmart, Kwik Trip, Marketplace, Caribou, etc.) **Need pick-up truck/van**
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SHELTER

- Apartment cleaning (to get it ready for the next family to move in)
- Lawn mowing
- Shoveling

GENERAL AGENCY

COMMITTEES

- Reception Desk
- Gardening/weeding/mowing
- Cleaning
- Occasional mailings (stuffing envelopes)
- Snow blowing

- Education & Advocacy
- Program Development & Evaluation
- Development (fundraising & marketing)

REFERENCES (Please do not include family members)

Name: _____ Phone: _____

Email: _____

Relationship to Applicant: _____

Name: _____ Phone: _____

Email: _____

Relationship to Applicant: _____

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