

Volunteer Application



Contact Information

| | |
|----------------------------|--|
| Name/Group (if applicable) | |
| Street Address | |
| City, St. Zip | |
| Preferred phone | |
| E-Mail Address | |

Availability

During which hours are you available for volunteer assignments?

Weekday mornings Weekend mornings Other (please specify): _____

Weekday afternoons Weekend afternoons _____

Weekday evenings Weekend evenings _____

Interests

Tell us in which areas you are interested in volunteering

Child Care volunteer at The Respite Center

Child Care provider for special events

Administration/Clerical support

Special Events

Building, Landscaping, Maintenance support

Fundraising Support

Other: _____

Other: _____

Other: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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References:

| | |
|---------------|--|
| Name | |
| Phone | |
| Email address | |
| Relationship | |
| | |
| Name | |
| Phone | |
| Email address | |
| Relationship | |
| | |
| Name | |
| Phone | |
| Email address | |
| Relationship | |

Person to Notify in Case of Emergency

| | |
|----------------|--|
| Name | |
| Street Address | |
| City, St, Zip | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, religion, gender identity, national origin, age, disabilities, political beliefs, color, marital status, sexual orientation, sex, income level or source of income, arrest record or conviction record, less than honorable discharge, physical appearance, student status, or genetic information.

RISE may require a criminal background check based on volunteer position. By signing this form, you authorize us to proceed with the background check and references as deemed necessary.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

OPTIONAL INFORMATION

Organizations that provide funding for our programs occasionally request demographic information about our volunteers. Answers to the following questions would be helpful, but not required. Any information you provide **will not** be used to determine your suitability as a volunteer.

Your Gender: Male Female Non-Binary

Your Age: Under 18 18-59 60+

Your Race/Ethnicity: White Black/African American Hispanic/Latino
 Native American or Alaskan Native Asian Native Hawaiian/Other Pacific Islander
 Multi-Race (All persons who identify with more than one of the above races)

Do you consider yourself to be a "person with disability" (physical or mental impairment which substantially limits one or more major life activities)? Yes No

**Thank you for completing this application form and for your interest in volunteering with RISE!
A volunteer representative will be contacting you soon.**

Please send your application to:

RISE, 1334 Dewey Court – Madison, WI 53703

Attn: Volunteer Coordinator

Email: volunteer@RISEwisconsin.org

FAX 608.250.6637