



# CHILDREN COME FIRST

COMMUNITY PARTNERSHIPS, INC



A program of Community Partnerships, Inc.  
and the ARTT unit of the Dane County  
Department of Human Services

## Volunteer Application

Date \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Education: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Other

Have you in the past or do you use any names other than the one listed on this application? (Including maiden name)

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list here: \_\_\_\_\_

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### **Volunteer Interests:**

- |  |   |   |   |
|--|---|---|---|
| <p><b>Group</b><br/><b>Co-Facilitation</b><br/>____ Parent's Group<br/>____ Children's Group<br/>____ Teen's Group</p> | <p><b>Childcare</b><br/>____ The last Wednesday<br/>of each month from<br/>5-7:30pm</p> | <p><b>Food Preparation<br/>and Clean Up</b><br/>____ Last Wed of each<br/>month from 5-7:30pm</p> | <p><b>Other</b><br/>____ Fundraising<br/>____ Special Events<br/>____ Clerical<br/>____ Minor Repairs</p> |
|--|---|---|---|

How did you hear about Community Partnerships? \_\_\_\_\_ School/University \_\_\_\_\_ Advertisement \_\_\_\_\_ Word of mouth

\_\_\_\_\_ Other: \_\_\_\_\_

Have you ever had any experience that relates to children/youth with severe emotional disturbance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Please describe any experience that you have had with severe stress or crisis:

Please describe any previous experience or training that relates to the volunteer position for which you are applying:

What hobbies, interests, special talents or training do you have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can you bring to this position? \_\_\_\_\_  
\_\_\_\_\_

Please complete this sentence:

“When I think of mental illness, I \_\_\_\_\_”

What day of the week or time is most convenient for you to attend training or meet for an interview? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list three references.** At least one should be of a professional nature.

1. Reference Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Reference Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Reference Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Community Partnerships, Inc. requires a criminal background check on every staff and volunteer involved with the program. By signing this form, you authorize us to proceed with the check.**

**I certify that all of the above information is true and I authorize Community Partnerships, Inc. to conduct a criminal check on me and to check my references.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date