|  |  |
| --- | --- |
| **Volunteer Application** | RISE_3IN_CMYK.jpg |

**Contact Information**

|  |  |
| --- | --- |
| Name/Group (if applicable) | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City, St. Zip | Click or tap here to enter text. |
| Preferred phone | Click or tap here to enter text. |
| E-Mail Address | Click or tap here to enter text. |

**Availability**

During which hours are you available for volunteer assignments?

|  |  |  |
| --- | --- | --- |
| Weekday mornings | Weekend mornings | Other (please specify): |
| Weekday afternoons | Weekend afternoons | Click or tap here to enter text. |
| 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: Click or tap here to enter text. |
|  |
|  |

**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.

Click or tap here to enter text.

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

Click or tap here to enter text.

**References:**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Relationship | Click or tap here to enter text. |
|  |  |
| Name | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Relationship | Click or tap here to enter text. |
|  |  |
| Name | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Relationship | Click or tap here to enter text. |

**Person to Notify in Case of Emergency**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City, St, Zip | Click or tap here to enter text. |
| Home Phone | Click or tap here to enter text. |
| Work Phone | Click or tap here to enter text. |
| E-Mail Address | Click or tap here to enter text. |

**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) | Click or tap here to enter text. |
| Signature |  |
| Date | Click or tap here to enter text. |

# 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**](mailto:volunteer@RISEwisconsin.org) **FAX 608.250.6637**