

# VOLUNTEER APPLICATION – YOUTH WAUPACA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES



## **INSTRUCTIONS:**

1. Fill out this application in its entirety.
2. Return to: Waupaca County Department of Health and Human Services  
Attn: Volunteer Coordinator  
811 Harding Street  
Waupaca, WI 54981
3. Questions? Call: (715) 258-6400

## **NOTICE:**

The information you provide in the following application will be kept confidential. The information you provide will be used to complete a mandatory criminal background check through the Wisconsin Department of Justice. By signing the attached confidentiality statement along with your completed application, you are agreeing to uphold the confidentiality of Waupaca County Department of Health and Human Services clients.

*Thank you for your interest in joining us to make a  
difference in the Waupaca County community!*

**PART ONE: BASIC INFORMATION**

Date: \_\_\_\_\_

Name:

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
LAST

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

Address:

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

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

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**PARENT/GUARDIANS:**

Name:

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
LAST

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_

Emergency Contact Telephone:  
Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Is transportation available? YES  NO

Do you have a valid driver's license? YES  NO

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Auto Insurance YES  NO

**\*\*A copy of driver's license and auto insurance will be required if delivering meals\*\***

Do you have any medical, physical or emotional problems that might affect your driving? YES  NO

Are you taking any prescribed medication or drugs? YES  NO

If so has your doctor approved driving while on these medication's or drugs? YES  NO

**PART TWO: TELL US ABOUT YOURSELF**

**EDUCATION:**  **STUDENT-** year in school \_\_\_\_\_  **HS Diploma**  **GED/HSED**

Special Training/Talents:  Yes  No

If yes, please describe: \_\_\_\_\_

Are you currently employed?  Yes  No  Retired

If yes, please mark appropriate box:  Full-Time  Part-Time

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

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

**Volunteer Experience:**

Description of Tasks/Experience: *(please include dates if possible)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Interests, Skills Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type of Volunteer Opportunity Preferred:** *(please check all that apply)*

Meal Delivery Driver/Helper: assist in the safe and timely delivery of nutritious meals to seniors living in Waupaca County

Senior Nutrition Site Aide: assist a Nutrition Site Manager with the packaging of home delivered meals as well as serving the seniors eating at the dining site

Other Ideas: Please share them here! \_\_\_\_\_

**Referral Source: How did you hear about the Waupaca County Volunteer Program?**

Newspaper  Church/Civic Foundation

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

Another Volunteer

## PART THREE: AVAILABILITY AND REFERENCES

### Availability Preferences:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
A.M.							
P.M.							
Evening							

Your time is valuable! How much time are you interested in volunteering?

Hours per week: \_\_\_\_\_

Hours per month: \_\_\_\_\_

Are their physical conditions that should be taken into consideration in arranging a volunteer task for you?

Yes (Please explain): \_\_\_\_\_

No

**References:** Must be someone other than a relative who knows you personally

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

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

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

**I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION IS REASON FOR REJECTION OR CLOSURE.**

### STATEMENT OF AGREEMENT:

I am interested in serving as a Waupaca County Volunteer. I am prepared to receive training necessary to perform my assigned duties. I will hold Waupaca County blameless if I incur injury incident to my duties as a volunteer. As a volunteer applicant, I understand Waupaca County Department of Health and Human Services requires a mandatory criminal background check for Volunteer positions. I grant my permission for such a check, I also give Waupaca County Department of Health and Human Services staff permission to contact listed references.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### ADMINISTRATIVE USE ONLY:

Background Check Completed: (date) \_\_\_\_\_

Application Accepted

Application Denied

## CONFIDENTIALITY & VOLUNTEER STATUS AGREEMENT

### BY SIGNING BELOW I INDICATE THAT I HAVE READ AND AGREE TO COMPLY WITH THE FOLLOWING:

- As a volunteer I am subject to a code of ethics similar to that which binds the professionals in the field in which I volunteer. I, like them, assume certain responsibilities and expect to account for what I do in terms of what I am expected to do.
- I understand that by law I am obligated to protect the confidentiality of the individuals that I serve through the volunteer program and agree to be careful to respect and uphold the privacy rights of the individuals I serve.
- I will not seek information about clients unless it directly affects my performance of the services that I agree to perform for these volunteer programs.
- I agree and understand that the individuals I serve have the right to be treated with dignity and respect and the right not to be hurt or threatened.
- I understand the failure to comply with the provisions of this confidentiality statement may be cause for dismissal from any volunteer program.
- I further understand that if I have questions about this agreement that I will discuss it with the Waupaca County Volunteer Coordinator or my immediate supervisor of the designated volunteer program.
- I have received a copy of, read and understand my role in carrying out the Waupaca County Department of Health and Human Services Vision & Values.

I interpret “volunteer” to mean that I have agreed to perform duties without compensation in money, but having been accepted as a volunteer, I expect to perform duties according to the standards, as the paid staff members are expected to do their work. I promise to volunteer with a positive attitude and an open mind. In the event I am incapable of completing my volunteer duties as directed, I will notify the Waupaca County Volunteer Coordinator or my immediate supervisor of the designated volunteer program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Optional:**

I agree to allow Waupaca County Department of Health and Human Services to use my image an/or likeness in Volunteer Program newsletter articles, Volunteer Program promotions or other Volunteer Program-related print material. Initial: \_\_\_\_\_

## Waupaca County Department of Health and Human Services

### Vision

**We help the people of Waupaca County to be safe and connected.**

*We ensure people's safety by attending to their basic needs.  
We engage and build people's natural support networks  
in the helping process, because together we are stronger.*

### Values

*The services and engagement we provide meet the standard of compassion  
we would want for our own families.*

*We understand many of the needs experienced by our community are the result of  
adversities people have experienced, and so we ask,  
"What happened to you?" not "What's wrong with you?"*

*We believe people who hurt others are in pain and need help,  
not punishment.*

*We meet the needs of those we serve in a way that is meaningful to each person, by  
responding in a trauma-informed way.*