

# Volunteer Application

Personal Contact Information							
Name:						M.I.	
Street Address:				City:		Zip:	
Home Phone:				Work/Mobile:			
Date of Birth:		E-Mail Address:					
Best way and time to contact you:							

Availability							
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Flexible							

How often would you like to help?	
Do you have transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Interests (Please check all volunteer options of interest.)	
<input type="checkbox"/> Office <input type="checkbox"/> Foot Clinic <input type="checkbox"/> Dining Site <input type="checkbox"/> Newsletter <input type="checkbox"/> Special Events	<input type="checkbox"/> Board or Committee Member <input type="checkbox"/> Home Chore Program *Fill out Home Chore Addendum Page <input type="checkbox"/> Program Support <input type="checkbox"/> Other: _____

Experience
Summarize your previous volunteer experience:

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies and sports.
Do you speak a foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s)?

**References** (Please list individuals, other than relatives, who have known you for at least one year.)

Name:		Relationship:	
Phone:		Email:	

Name:		Relationship:	
Phone:		Email:	

**Emergency Contact** (Please identify someone we can contact on your behalf in case of an emergency.)

Name:		Relationship:	
Phone:		Email:	

**Promotional Release**

I, \_\_\_\_\_, hereby consent to be photographed and/or videotaped for promotional purposes for Madison Coalitions of Older Adults.

**Disclosure**

Have you ever been convicted of, or do you presently have pending, any violations of law?  
 Yes  No If yes, explain:  
 \_\_\_\_\_

*In accordance with state law and city ordinance, pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.*

**Agreement and Signature**

I authorize the staff of NESCO to contact the above references and check with the appropriate authorities on matters of public record regarding my background, as related to this volunteer position. I understand this information will be kept confidential. I give my permission to NESCO to conduct a background check on me. I understand that the results could disqualify me from providing service.

Signature:		Date:	
------------	--	-------	--

**If under age 18, parent or guardian signature is required to verify parental consent.**

Parent/Guardian Signature:		Date:	
----------------------------	--	-------	--

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

**Volunteer Information – For Reporting Purposes Only**

Race		Age	Gender	Handicapped
<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Isle	<input type="checkbox"/> <18 years	<input type="checkbox"/> Male	<input type="checkbox"/> Yes
<input type="checkbox"/> Black	<input type="checkbox"/> Bi-Racial	<input type="checkbox"/> 18-59 years	<input type="checkbox"/> Female	<input type="checkbox"/> No
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	<input type="checkbox"/> 60+ years		
<input type="checkbox"/> Native American				