



Services Center  
1752 Dorset Ln | New Richmond WI 54017  
Telephone: 800-372-2333 | Fax: 715-381-4308  
[www.sccwi.gov](http://www.sccwi.gov)

## VOLUNTEER APPLICATION

<b>PERSONAL</b>			
Last Name		First Name	Middle Name
Street Address			Phone Number
City	State	Zip Code	Date of Birth (MM/DD/YYYY)
Email Address		Volunteer Position(s) of Interest	
<b>AVAILABILITY</b>			
Days of Week and Time		Dates You Plan to Volunteer: From: _____ To: _____	
Monday _____		Number of Hours You Plan to Volunteer	
Tuesday _____		Per Day: _____	Per Week: _____
Wednesday _____		Please Note Unique Circumstances:	
Thursday _____		Have you previously volunteered for St. Croix County?	
Friday _____		_____	
Saturday _____		_____	
Sunday _____		_____	
<b>EMERGENCY CONTACT INFORMATION</b>			
Name	Address		City, State, Zip Code
Relationship	Home Phone		Cell Phone
<b>BACKGROUND</b>			
List skills, interests, hobbies (if not sure of specific volunteer opportunities, this will help identify):  _____			
Why would you like to volunteer?  _____			
<b>REFERENCES</b>			
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship



## VOLUNTEER DRIVERS ONLY

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list your license number:
Are you able to furnish an automobile if the volunteer position requires one? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you maintain personal automobile insurance coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>
By initialing below, I acknowledge and agree that I have and will maintain a valid driver's license and the required automobile insurance coverage. _____ (initials)	

## BACKGROUND INFORMATION

Have you ever been convicted or arrested for a charge that is pending? Must include all misdemeanors or felonies. *A conviction or arrest for a pending charge will not automatically bar you from the volunteer opportunity but failure to answer honestly will.* If yes, please explain:	Yes <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

A background check may be conducted as a condition of your volunteer opportunity. Are you willing to consent to a background check performed by St. Croix County?	Yes <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application can disqualify me from consideration or result in dismissal upon discovery.

Furthermore, my signature below provides my authorization to St. Croix County to conduct driver license checks, motor vehicle records checks and criminal background checks, as needed, as well as reference checks to determine my suitability for placement and I hereby release all parties from any liability from furnishing this information.

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Signature of Volunteer Applicant

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Date

St. Croix County acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.