



aging & disability
RESOURCECENTER
of Eau Claire County

VOLUNTEER APPLICATION FORM

Contact Information:

Name: _____ Maiden/Previous Name: _____

Street Address: _____

City/State/Zip: _____

If you have lived at any previous address in the past five years please list street address, city, state, & zip code:

Street Address: _____

City/State/Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Personal Information:

Date of Birth: _____

Marital Status: _____ Spouses Name: _____

Have you ever been convicted of a felony? Yes No

Employment/Group/Organization:

Are you volunteering through an employer, group, or organization? _____

If yes, please list: _____

Drivers License & Insurance Information:

If you are applying to volunteer for any of the volunteer opportunities that may require driving or a vehicle please complete the information requested below. By completing this section you acknowledge to and agree that you have and will maintain a valid drivers license & the required automobile insurance coverage.

Required automobile Insurance Coverage:

- \$100,000 per person and \$300.000 per automobile accident liability coverage.

Driver's License #: _____ Insurance Company: _____

Reference:

By listing a reference below you agree and acknowledge that the reference provided may be contacted to complete the volunteer application screening process.

Name: _____ Phone Number: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: Home: _____ Cell: _____ Work: _____

Availability & Interest:

Please indicate the days usually available to volunteer within the volunteer opportunity you are interested in.

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- Meals on Wheels
- Supplement Delivery
- Phone Coverage
- Newsletter
- Meal Site Helper:
- Assessor:
- Data Entry Project:

If you are available seasonally please list the months you expect to be available:

From: _____ To: _____

I understand and agree that submitting this application form does not automatically register me as an Aging & Disability Resource Center of Eau Claire County volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

I also understand and agree to a criminal background check to be completed as part of the required volunteer screening process.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

Volunteer Signature: _____

Date: _____

Questions? Call (715)-839-4763

Please return completed form to:

**Aging & Disability Resource Center of Eau Claire County
Volunteer Coordinator
721 Oxford Ave. – RM 1550
Eau Claire, WI 54703**

Or by fax to: 715-839-4866 or e-mail to: volunteer.coordinator@co.eau-claire.wi.us

To be completed by Volunteer Coordinator:

Volunteer ID: _____

Assignment: _____

Volunteer Program Entry: _____