

**Brown County Health & Human Services Department:
Volunteer Application**

Name: _____ D.O.B.: _____

Address: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____

Currently employed: Yes No If yes, where: _____

Business Hours: _____ Length of employment with company: _____

Please list all states you have resided in since age 18: _____

Household Information:

Married: Yes No If yes, name of Spouse: _____

Children (living at home):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Employment History:

Employer Name: _____ Position: _____ Dates Employed: _____

Educational Background:

School: _____ Years Attended: _____ Highest Grade Completed: _____ Degree Earned: _____

Volunteer Experiences (Current or Past)

Agency:

Type of Work:

Dates Active:

Do you belong to any service clubs or civic groups? Yes No
If yes, which one(s): _____

Program(s) of Interest

Please check all positions you are interested in:

- Family Interaction
 Volunteer Driver

General Administrative Assistance

Mobility:

Do you have a driver's license? Yes No

Do you own an automobile? Yes No

If yes, please list the Make & Model: _____

Do you have Automobile Insurance? Yes No

Personal Characteristics:

Do you have any physical or emotional conditions, which may limit your ability to serve in certain volunteer capacities? Yes No

If yes, please explain:

Are you receiving any counseling or psychiatric treatment at this time? Yes No

If yes, please explain: _____

Are you currently or have you ever been treated for alcohol and/or other drug abuse? Yes No

If yes, please explain: _____

References:

Please provide contact information for three individuals (non-relatives) who can vouch for your reputation, character, and morals. These individuals must know you well enough to complete a reference questionnaire.

Name:

Address:

Email:

Phone:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please inform the individuals named as references above that they will receive a questionnaire from us. You will be contacted for a personal interview and orientation after we have received the questionnaire from your references.

Background Information:

Have you ever been charged with an offense relating to minors? Yes No

If yes, please explain: _____

Due to the nature of the work that we do, we must ensure that all volunteers are safe and reliable individuals. With that in mind, we will require background checks for every volunteer.

If you would like an opportunity to inform us of any information we may find while completing our required checks, please do so in the space below. You are welcome to list any convictions including: traffic, civil, criminal offenses, etc. It would be best to list dates, city and state of offenses.

If any convictions resulted in probation or court supervision, please share details below:

Wisconsin Statutes 948.13 and 973.034 prohibit a person who has been convicted of certain crimes against children from engaging in an occupation or participating in a volunteer position that requires the person to work or interact primarily and directly with children under 16 years of age. By violating this prohibition, you can be penalized under the Wisconsin Criminal Code.

Authorization for Release of Confidential Information

(Please read all statements before signing.)

- I hereby authorize the Brown County Health and Human Services Department to contact the above references to conduct whatever investigation may be necessary to determine if I can become a volunteer.
- I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief.
- I understand that the Brown County Health and Human Services Department will not monetarily compensate me for the hours that I donate as a volunteer.
- I understand that falsification of this application constitutes grounds for rejection or termination from this Department's Volunteer Programs.
- I give my permission to the Brown County Health and Human Services Department to check with the appropriate authorities (police, courts, motor vehicles, Child Protection, etc.) for matters of records regarding my background or history.

Volunteer Signature: _____

Date: _____

Please include:

- **This application**
- **Consent for a Caregiver Background Check form for anyone over age 17 in your home**
- **A copy of your driver's license**
- **Proof of auto and home insurance**

Return application to:

Brown County Health & Human Services

111 North Jefferson Street

P.O. Box 22188,

Green Bay, WI 54305-2188

Fax: (920)448-6166

Email: Jamie.Chaudoir@Browncountywi.gov

