

**NORTHWEST WISCONSIN COMMUNITY SERVICES AGENCY, INC.  
VOLUNTEER APPLICATION**

Name \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best time to call:     AM  PM

Do you speak a foreign language?    Yes    No If yes, which language \_\_\_\_\_

Do you drive?    Yes    No    Do you have regular access to a car?    Yes    No

Current community activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for wanting to participate as a NWCSA volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Which volunteer position are you applying for?

\_\_\_ Free Store   \_\_\_ Food Shelf   \_\_\_ Solid Rock Mission

\_\_\_ Tax Assistance Program   \_\_\_ Memory Lane   \_\_\_ Senior Center

How did you learn about NWCSA:

\_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation?    Yes    No

If yes, what charge? \_\_\_\_\_ Date convicted: \_\_\_\_\_ Where \_\_\_\_\_

Do you consent to a routine check of your criminal records?    Yes    No

Can you think of any reason why NWCSA might be reluctant for you to serve as a volunteer?

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EDUCATION: (Circle highest grade completed)

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Name of school: \_\_\_\_\_

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Work/volunteer history:

Name and address of present or last employer or volunteer project:

\_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

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Work/Volunteer History:

Name and address of present or last employer or volunteer project:

\_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

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Work/Volunteer History:

Name and address of present or last employer or volunteer project:

\_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

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Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name	Address	Zip Code	Phone	Relationship
<hr/>				
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How long have you lived in the area? \_\_\_\_\_

As a NWCSA volunteer you are be required to attend orientation and civil rights training. Will you be able to arrange your schedule to attend these trainings?  Yes  No

Are you willing to commit to two seasons of volunteer services?  Yes  No  
(Checking no does not prevent you from becoming a volunteer).

Northwest Wisconsin Community Services Agency, Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PLEASE RETURN YOUR COMPLETED APPLICATION AND RELEASE OF INFORMATION TO:**

Northwest Wisconsin Community Services Agency, Inc.  
1118 Tower Ave.  
Superior, WI 545880  
(715) 392-5127

Updated: 7/30/2014

NWCSA is an equal opportunity service provider

## AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of Northwest Wisconsin Community Services Agency, Inc. to conduct an investigation on my background in conjunction with their official duties.

I authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to Northwest Wisconsin Community Services Agency, Inc.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of Northwest Wisconsin Community Services Agency, Inc.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

FULL NAME (Please print) \_\_\_\_\_

OTHERS NAMES USED BY YOU \_\_\_\_\_

DRIVERS' LICENSE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

This authorization expires one year from date of signature.