



Easterseals Southeast Wisconsin
 Volunteer Program
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www.eastersealswise.com

VOLUNTEER APPLICATION

Section 1. Personal Information (All Volunteers)

Last Name:	First Name:	Middle Initial:
Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email:		

Section 2. Education Information (Students Only)

I am a student <input type="checkbox"/> Yes <input type="checkbox"/> No	Field of Study:
If Yes, school name:	
Professor's Name:	

Section 3. Background Information (Not required for one-time volunteers)

Special Skills/Interests <input type="checkbox"/> Musical Instrument <input type="checkbox"/> Singing/Dancing <input type="checkbox"/> Skilled/Professional <input type="checkbox"/> Advocacy <input type="checkbox"/> Drama <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Grant Writing <input type="checkbox"/> Art/Music Therapy <input type="checkbox"/> Athletics <input type="checkbox"/> Marketing/PR <input type="checkbox"/> Public Speaking <input type="checkbox"/> Mentor/Tutor <input type="checkbox"/> Other <input type="checkbox"/> Graphic Design	Why are you interested in volunteering for Easterseals?
Have you volunteered with Easterseals before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?	Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the offense:
Were you referred to Easterseals by anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, referral source:	Do you need any special accommodations to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what?

Section 4. Availability: (Not required for one-time volunteers)

Please check all days you may be available to volunteer:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Please check all times you may be available to volunteer:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Please let us know the shift times you are available:	

Section 5. Locations: (Not required for one-time volunteers)

(Please check all that apply)

<input type="checkbox"/> West Allis: 2222 S. 114 th St., West Allis	<input type="checkbox"/> Waukesha: 505 Northview Rd., Waukesha
<input type="checkbox"/> Wauwatosa: 7111 W. Center St., Wauwatosa	<input type="checkbox"/> Waukesha: 201 W. Wisconsin, Waukesha
<input type="checkbox"/> Kenosha: 7101 53 rd St., Kenosha	<input type="checkbox"/> Wil-O-Way Grant Park: 207 Lake Dr., South Milwaukee
<input type="checkbox"/> Wil-O-Way Underwood Park: 10602 Underwood Pkwy, Wauwatosa	<input type="checkbox"/> Waukesha SBHF: 137 Wisconsin Avenue, Waukesha

Section 6. Liability Release (All Volunteers)

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily.

I understand that I will not be paid for my services as a volunteer for Easterseals Southeast Wisconsin.

I consent to Easterseals Southeast Wisconsin using any audio-visual programs, photographs or public relation references. These may be used for any purpose Easterseals Southeast Wisconsin deems appropriate.

I give Easterseals Southeast Wisconsin permission to use the above information in its statistical reports. I understand that information that identifies me (i.e., name, address, phone number, email address, employer, etc.) will be kept confidential. Additionally, I waive any and all causes of action, claims, rights, liabilities or obligations that may now or in the future arise from volunteering in any Easterseals Southeast Wisconsin program, service or event.

I acknowledge and agree that Easterseals Southeast Wisconsin may investigate my criminal record, if any, and that Easterseals Southeast Wisconsin may refuse my application if such investigations reveal matters that may indicate my unsuitability as a volunteer, at the sole discretion of Easterseals Southeast Wisconsin.

Volunteer Signature

Date

Parent/Guardian Signature (if volunteer is under 18)

Date