

# VOLUNTEERS OF AMERICA

## Wisconsin

### Volunteer Application

PLEASE PRINT IN BLUE OR BLACK INK

<b>DATE</b>		<b>PREFERRED HOURS</b>	
		Full Time____ Evenings____ Doesn't matter____ Part Time____ Weekends____	
<b>NAME:</b> Last		First	Middle
		<b>SOCIAL SECURITY NUMBER</b>	
<b>ADDRESS:</b> Number		Street	City/State
		Zip	<b>TELEPHONE NUMBER</b>
			( ) Best time to call:
May you legally work in the US? YES NO <small>Proof of work eligibility required upon hire date.</small>		Are you at least 18 years of age? YES NO	Are you related to a current or former VOA employee? YES NO
		Have you applied or worked for VOA before? YES NO	
If currently employed, may we contact your present employer? YES NO	How did you learn about us? Friend____ Advertisement____ Other____		Name of friend, ad, or other:
		If hired, on what date would you be available to volunteer	
Ever been convicted of a misdemeanor or felony? YES NO If yes, explain briefly:  (A conviction doesn't necessarily exclude you from employment)		Ever served in the military? YES NO Branch: Discharge date: Member of the reserves? YES NO	

### EDUCATION

TYPE	NAME & CITY/STATE	COURSE OF STUDY	GRADUATE?	DEGREE(S)/DATE
HIGH SCHOOL				
COLLEGE				
BUSINESS OR TRADE SCHOOL				
OTHER				

**VOLUNTEERS OF AMERICA OF WISCONSIN, INC. IS AN EQUAL OPPORTUNITY EMPLOYER**  
and considers applicants without regard to race, religion, creed, gender, national origin, age, disability, marital, veteran, or any other legally protected status.

DESCRIBE ANY SPECIALIZED TRAINING, WORKSHOPS, APPRENTICESHIPS, SKILLS, OR EXTRACURRICULAR ACTIVITIES YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

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INDICATE BELOW ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, OR WRITE:

SPEAK \_\_\_\_\_ *FLUENT*    *GOOD*    *FAIR* PLEASE CIRCLE ONE

READ \_\_\_\_\_ *FLUENT*    *GOOD*    *FAIR* PLEASE CIRCLE ONE

WRITE \_\_\_\_\_ *FLUENT*    *GOOD*    *FAIR* PLEASE CIRCLE ONE

**REFERENCES**

NAME _____ ADDRESS _____ CITY/STATE _____ TELEPHONE (     ) RELATIONSHIP TO YOU: _____	NAME _____ ADDRESS _____ CITY/STATE _____ TELEPHONE (     ) RELATIONSHIP TO YOU: _____
NAME _____ ADDRESS _____ CITY/STATE _____ TELEPHONE (     ) RELATIONSHIP TO YOU: _____	NAME _____ ADDRESS _____ CITY/STATE _____ TELEPHONE (     ) RELATIONSHIP TO YOU: _____

**LIST REFERENCES WHO ARE NOT FORMER EMPLOYERS AND WHO ARE NOT RELATED TO YOU.**

## PREVIOUS VOLUNTEER WORK

EMPLOYER NAME _____	YOUR TITLE _____
ADDRESS _____	PHONE _____
DATES: <i>FROM</i> _____ <i>TO</i> _____	
REASON FOR LEAVING _____	
_____	

EMPLOYER NAME _____	YOUR TITLE _____
ADDRESS _____	PHONE _____
DATES: <i>FROM</i> _____ <i>TO</i> _____	
REASON FOR LEAVING _____	
_____	

EMPLOYER NAME _____	YOUR TITLE _____
ADDRESS _____	PHONE _____
DATES: <i>FROM</i> _____ <i>TO</i> _____	
REASON FOR LEAVING _____	
_____	

USE ADDITIONAL SHEET OF PAPER IF NECESSARY

**COMMENTS:**

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### APPLICANT'S STATEMENTS

By my signature below, I certify that the answers given on this application are true and correct to the best of my knowledge.

I authorize the investigation of all statements contained in this application as may be necessary in arriving at a decision. I hereby release from liability Volunteers of America of WI, Inc. and it's representatives for seeking such

information and all other persons, corporations, or organizations for furnishing to Volunteers of America of WI Inc. such information.

I acknowledge and agree that unless otherwise defined by applicable law, any employment relationship with Volunteers of America of WI Inc. is of an "at will" nature. This means that I may discontinue volunteering at any time and Volunteers of America of WI Inc. may discharge me at any time with or without cause. I understand that no representative of Volunteers of America of WI Inc. has the authority to make any assurances to the contrary unless such assurances are in writing and originate from the President/CEO of Volunteers of America of WI Inc.

I understand further that if I volunteer, I will be required to abide by all rules, regulations, policies and procedures of Volunteers of America of WI Inc.

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Applicant's Signature

Date

***VOLUNTEERS OF AMERICA OF WI INC. RESERVES THE RIGHT TO CONDUCT EMPLOYEE DRUG/ALCOHOL SCREENINGS AT ANY TIME.***

Completed applications can be:

Emailed to: [info@voawi.org](mailto:info@voawi.org)

Faxed to: 414-847-1510

Mailed to: Volunteers of America of Wisconsin  
1661 N. Water St., Suite 401  
Milwaukee, WI 53202