



# Volunteer Application

Date: \_\_\_\_\_

Where did you hear about this opportunity: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI Mr/Ms/Mrs etc

Address: \_\_\_\_\_  
Street City Zip

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

## Emergency Information

Note: In the event of an accident or illness while serving the Racine County Senior Nutrition Program, the person listed below will be called if necessary. In an emergency, the Rescue Squad will be called.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## Volunteer Information

Are you applying to fulfill any school or church Requirements?  Yes  No

Affiliation: \_\_\_\_\_

If Yes, how many hours do you need to complete? \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Are you applying for community service\* hours  Yes  No

\* If yes, please submit a letter of recommendation from your probation officer and their phone number.

If yes, please briefly describe the nature of your offence:

## When are you available to Volunteer?

Monday  Tuesday  Wednesday  Thursday  Friday

Weekly  Bi-Weekly  Once a Month

**Describe any prior Volunteer Experience:**

**Preferred Program:**

\_\_\_ Meals on Wheels

\_\_\_ Volunteer Guardian

\_\_\_ Senior Nutrition Program

**Please list two references (no close relatives) that we may contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street State Zip

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street State Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
If under 18

**Submit completed application to:**

Racine County Senior Nutrition Program  
1717 Taylor Ave. Racine, WI 53403  
Attn: Ryanne Jackson  
Ryanne.jackson@racinecounty.com  
Fax: 262-638-6800

A background check is required to volunteer for Aging and Disability Resource Center Programs. Please visit <http://www.dhs.wisconsin.gov/caregiver> to download the Information Disclosure and Instructions Form.

***This section must be completed if you are applying for Meals on Wheels:***

**Driver's License and Insurance Verification**

The Aging and Disability Resource Center of Racine County assumes no responsibility for providing automobile insurance for volunteer drivers. It is the volunteer's responsibility to provide automobile insurance and have a valid driver's license while delivering meals for the Racine County Senior Nutrition Program.

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Auto Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Have you had any traffic violations within the past 5 years? \_\_\_ Yes \_\_\_ No