



# Community Action Coalition for South Central Wisconsin, Inc. Volunteer Application

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *\* If handwritten, please print. Illegible applications may be discarded.*

First Name: \_\_\_\_\_ M. I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Please provide the following demographic information. You will be kept anonymous when CAC provides this information to United Way and the National Association for State Community Services Programs.**

**Gender:**  Male  Female **Do you have a disability?**  Yes  No

If "Yes" to having a disability, please list any physical or medical limitations of which CAC staff should be aware \_\_\_\_\_

**Please choose 1 category that best describes your race or ethnicity:**

- White/Caucasian  Native American/Alaskan Native  Black/African American  
 Latino/Hispanic  Asian/Southeast Asian/Pacific Islander  Multi-racial

**According to the number of people in your household, is your total monthly income more or less than the amount provided in the chart below?**  More  Less

# of Household Members	1	2	3	4	5	6	7	8
<b>Total Monthly Income</b>	\$1,134	\$1,532	\$1,930	\$2,328	\$2,726	\$3,124	\$3,522	\$3,920

## Volunteer Information

- Please "✓" all volunteer options that interest you:**  Clothing Center Assistant  Administrative Assistant  
 Reception/Information Desk  Food Warehouse Assistant  Community/Food Pantry Gardens  
 CAC Gleaners  Food Drives (event)  Koats for Kids (event)  Back to School (event)  IT/Web Design  
 CAC Board/Sub-committees  Media/Marketing Assistant  Community Outreach and Advocacy  
 Translation Services (Language: \_\_\_\_\_)  Other (please specify) \_\_\_\_\_

**Please indicate with an "X" which days and timeframe you prefer** (we ask a minimum 1-hour shift commitment):  1 or more days/week  2-3 days/month  1 day/month  events only

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday*
08:00 a.m. – 10:00 a.m.							
10:00 a.m. – 12:00 p.m.							
12:00 p.m. – 02:00 p.m.							
02:00 p.m. – 04:00 p.m.							

**(Over)**

*\* Events & Seasonal Only*

Do you have a valid State Driver's License/Identification (needed for your records)?  Yes  No

Do you need this opportunity for documented Community Service?  Yes  No

Do you need this opportunity for documented Service Learning or DVR/W-2?  Yes  No

If "Yes" to either question above, how many hours \_\_\_\_\_ completed by what date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***It is CAC's practice to conduct a criminal background check on all persons submitting a staff or volunteer application. Most convictions will not affect your volunteer eligibility.***

**Please provide your signature to certify that all information provided in this application is true and complete. If you are under 18 or have an authorized representative, your parent or representative must also sign below:**

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Representative

\_\_\_\_\_  
Date

**Thank you for your interest in becoming a CAC volunteer!** CAC volunteers devote more than 20,000 hours per year to programs that feed, clothe and promote safe and affordable housing for some of the most vulnerable members of our community. We are very grateful for your interest and look forward to working together to promote CAC's mission **"To develop economic and social capacities of individuals, families and communities to reduce poverty in Dane, Jefferson and Waukesha Counties."**

-----FOR OFFICE USE ONLY-----

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Location: \_\_\_\_\_

End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (if applicable) Supervisor: \_\_\_\_\_

State DL or ID # checked and entered below?  Yes  No Criminal background check conducted?  Yes  No

DL# \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Background, skills and other volunteer experiences: \_\_\_\_\_

Eligible?  Yes  No Notes: \_\_\_\_\_

**After Interview:**

Emergency Contact Form completed?  Yes  No

Public Relations Release Agreement signed?  Yes  No

Volunteer Conduct Agreement signed?  Yes  No

Shift Agreement: \_\_\_\_\_ days per \_\_\_\_\_ week / month / event Department: \_\_\_\_\_

# of Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday*
(Example) 4			11 - 1		12 - 2		