

Hand-N-Hand Volunteer Application

Application Date _____ Volunteer Position (circle one) Instructor Classroom Support Other: _____

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____

Home Address _____

Work Phone _____ Cell Phone _____ V/TTY/VP Home Phone _____

Email Address _____

Employment/School

Current Employer /School _____

Your Position/Title/Grade _____

Dates of Employment (starting, ending) _____

Employer/School Address _____

Would you like us to keep your employer or school informed of your volunteer service? Yes No

Employer/School Contact Person _____

Special training, skill, hobbies _____

Groups, clubs, organizations _____

Please describe your prior volunteer experience (include organization names and dates of service) _____

What experiences have you had that may prepare you to work as a volunteer with individuals who have hearing loss?

Why do you want to volunteer? _____

Do you have a driver's license? Yes No

Do you have a background check on file? Yes No

Would you agree to a background check if asked? Yes No

REFERENCES: Please list three people who you know well and can attest to your character, skill, and dependability. Include your current or last employer or school counselor.

Name/Organization

Relationship to You

Phone

1.

2.

3.

Please read the following carefully before signing this application:

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Hand-N-Hand of Northeastern Wisconsin, Inc. (Hand-N-Hand) that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Director of Hand-N-Hand of Northeastern Wisconsin, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Hand-N-Hand or my termination as a volunteer.

Signature _____ Date _____

Read Carefully before Signing This Application

I hereby consent to permit Hand-N-Hand of Northeastern Wisconsin, Inc. to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the forgoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.

I hereby authorize all persons, schools, companies, organizations, credit bureaus, and law enforcement agencies to supply all information concerning my background and to furnish reports thereon and I hereby release them and any organization affiliated with Hand-N-Hand from any and all liability and responsibility arising from their doing so.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Signature _____ Date _____