



Thank you for your interest in Solutions Center's Volunteer Program!

There are many different ways to volunteer your time and talents; whether it be a direct services volunteer, childcare volunteer, maintenance or landscaping assistance, administrative support, helping with big (and small) projects or seasonal cleaning.

If you are interested in a volunteer opportunity, please complete and return the volunteer application below and you will be contacted about the possibility of an assignment.

Due to the confidential nature of our agency, **placement requiring client contact** typically requires volunteers being 18 years of age or older.

Volunteers under the age of 18 must obtain the written consent of their parent or guardian. Typically, the minimum age requirement is 14.

**Submit volunteer application to our administrative office:**

Solutions Center  
Attn: Program Director  
39 N. Sophia Street  
Fond du Lac, WI 54935

Phone Number: 920-923-1743

Fax Number: 920-923-9982



# Volunteer Application

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you 18 years of age or over? YES NO  
If under 18, please have your parent or guardian sign the application too.

## EMERGENCY CONTACT

Name(s) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Contact Number(s) \_\_\_\_\_

## PLACEMENT PREFERENCES

- Administrative Support
- Babysitting (as needed)
- Donation Organization & Upkeep
- Group Project
- Maintenance (as needed)
- Moving Assistance (as needed)
- Special Events
- Yardwork/Gardening

## EXPERIENCE

Please summarize any special skills, talents or experiences you have related to your interest

## AVAILABILITY (Please circle)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Weekends</u>
<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>
<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>
<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>

I have no preference. Call me when needed.

## EDUCATION/EMPLOYMENT

If employed please list

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

If in school please list

School attending \_\_\_\_\_

If you've participated in other volunteer opportunities please list \_\_\_\_\_

How did you hear about our volunteer opportunities? \_\_\_\_\_

## REFERENCES

Please list two people (other than relatives) who would provide you with a reference.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## BACKGROUND

Have you ever received services from Solutions Center? YES NO  
If yes, please list staff member & date of contact \_\_\_\_\_

Have you ever been charged/convicted of a criminal offense? YES NO  
If yes, please explain \_\_\_\_\_

Are you volunteering to fulfill a community service or court requirement? YES NO  
If yes, who is requiring this? \_\_\_\_\_  
Number of hours needed \_\_\_\_\_ Date to be completed \_\_\_\_\_

Please list any names you have used in the past \_\_\_\_\_

**Solutions Center makes an active effort to ensure safe and secure practices within the organization. As a result, reference/background checks are conducted on all staff and volunteers. I give Solutions Center permission to contact my listed references and to examine my background including criminal and civil records. I understand that continued volunteerism is contingent upon detailed background verification.**

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*(If under 18)*