



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)