

1465B Opportunity Way
Menasha WI 54952
920.731.7834

Volunteer Application Form

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS, CITY, STATE, ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*DATE OF BIRTH \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**VOLUNTEERS MUST BE 16 YEARS OLD OR 13+ YEARS OLD IF ACCOMPANIED BY A PARENT OR GUARDIAN**

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW DID YOU HEAR ABOUT US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR WORKPLACE HAVE A MATCHING GRANT PROGRAM? YES\_\_\_\_\_NO\_\_\_\_N/A\_\_\_\_\_\_\_

MAY WE USE YOUR NAME AND/OR LIKENESS IN PUBLICITY RELATED TO THE CCC? YES: \_\_\_\_\_ NO: \_\_\_\_\_

*What days are you interested in volunteering? Please check your choices below.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  Monday | Tuesday | Wednesday | Thursday | Friday |
| Daytime hours9:00 am-1:00 pm |  |  |  |  |  |
| Evening hours6:00 pm-8:00 pm |  |  |  |  |  |

What are your interests?

\_\_\_ Client check out \_\_\_ Sort clothing

\_\_\_ Reception \_\_\_ Restock clothing

\_\_\_ Office/Clerical \_\_\_ Hang clothing

**(OVER)**

**\*Terms of Agreement**

Submission of this application will be treated as a signature to the following statement: I certify that the answers provided are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application. I further understand that Community Clothes Closet, Inc. WILL conduct a background check on me and that I do consent to this. I understand that Community Clothes Closet, Inc. is not obligated to accept me into their volunteer program and that if accepted they or I may terminate the volunteer agreement at any time. If accepted, I understand that false or misleading information given in my application(s) or interview(s) may result in discharge at any time. I agree to treat all information I may hear, see, read or otherwise acquire highly confidential and I will not reveal or discuss this information outside of my official duties at Community Clothes Closet.

* Yes, I agree to the terms above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

* No, I do not agree to the terms above

**For Office Use Only**

* Background Check Complete on \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Start date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Volunteer assignment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_