



VOLUNTEER APPLICATION

Today's Date _____

When are you interested in starting your volunteer experience? _____

Name _____
 Address _____
 City/Zip _____
 Telephone _____
 Cell Phone _____
 Date of Birth ____/____/____

Occupation _____
 Employer or School _____
 Work Phone _____
 Best time to call _____
 Email _____

Emergency Contacts

Name _____
 Phone _____
 Relationship _____

Name _____
 Phone _____
 Relationship _____

Areas of Interest (check as many as apply)

- Childcare Sorting donations
- Room to Grow Grocery Shopper
- Professional Services
- Receptionist Fundraising
- Data Entry Maint/Janitorial
- Driver Meal Makers
- Newsletter Tutor (Children)
- Special Events
- I will serve where needed
- Other, please state _____

<u>Type of Commitment</u>	<u>Length of time</u>
<input type="checkbox"/> Internships	_____
<input type="checkbox"/> Court Ordered	_____
<input type="checkbox"/> Volunteer	_____
<input type="checkbox"/> Community Service	_____

References

Name _____
 Relationship _____
 Telephone _____
 Occupation _____

Name _____
 Relationship _____
 Telephone _____
 Occupation _____



How did you learn about HALO?

Advertisement Friend Walk-in Relative Other

Why are you interested in volunteering for HALO? _____



Do you have previous volunteer experience? When? Where? _____



Hobbies, special interests, skills: _____



Once the application and background check has been processed, we will call you to schedule an orientation to HALO. During this time we will also discuss your volunteer interests and availability, and how we can best meet each other's needs.

Once again, HALO greatly appreciates your interest in volunteering, if you have any questions you may contact the Development Assistant at 262-633-3235 ext 142 or email bthomas@haloinc.org



Confidentiality and Disclosure Statement

Please read the following and sign below.

I, _____, as a volunteer of HALO, agree to the following:

1. To uphold the agency's policy of confidentiality regarding the names and situations of people who call the agency in a crisis situation, reside in the shelter, and who receive services of any kind offered through HALO, Inc.
2. I understand that any violation of confidentiality seriously injures the program's reputation and effectiveness and may constitute cause for dismissal under certain circumstances.
3. I agree not to hold HALO, Inc. responsible should some mishap occur while I am volunteering my services.
4. I understand that my signature authorizes HALO to conduct whatever background checks the Board deems necessary. I also understand that the results will be held in confidence by HALO and be disclosed only to the appropriate staff members.
5. I consent to the possibility of being the subject of photos or news releases for publicity purposes and to the use of my name, likeness, voice or biography by HALO.
6. I understand that I am required to abide by all rules and regulations of HALO including the ones noted in the volunteer handbook.
7. I represent that I am genuinely interested in volunteering to work at HALO, and I am making this application for no other purposes.

I certify that the information given on this application is true and correct to the best of my knowledge.

If under age 18 parent signature below

Date

Signature (parent/guardian)

Date

