

# DODGE COUNTY CITIZEN CORPS VOLUNTEER APPLICATION FORM

141 NORTH MAIN STREET ★ JUNEAU, WI 53039  
 PHONE (920) 386-3993 ★ FAX (920) 386-3994

PLEASE PRINT OR TYPE ALL INFORMATION.  
 RETURN FORM TO EMERGENCY MANAGEMENT OFFICE.

PERSONAL INFORMATION			
DATE	SOCIAL SECURITY NUMBER	TITLE    MR.   MRS.   MS.	
LAST NAME, FIRST NAME, MIDDLE INITIAL		OTHER NAMES USED (aka)	
HOME ADDRESS		CITY • ZIP	
HOME PHONE		CELL PHONE (For emergency use only!)	
HOME EMAIL ADDRESS			
EMPLOYER INFORMATION			
EMPLOYER'S NAME			
EMPLOYER'S ADDRESS			CITY
STATE	ZIP	PHONE	FAX (If applicable)
BUSINESS EMAIL ADDRESS			
EMERGENCY CONTACT INFORMATION			
Contact's Name		Daytime Phone	
Contact's Address		Nighttime Phone	
City/State/Zip		Email	
OPTIONAL INFORMATION			
BIRTHDATE:    MO    DAY    YR		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ETHNIC GROUP: <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> WHITE, NON-HISPANIC <input type="checkbox"/> OTHER:			
ADDITIONAL INFORMATION			
Please list skills, talents and abilities:			
In what languages are you proficient?			
1.	<input type="checkbox"/> Speak	<input type="checkbox"/> Write	<input type="checkbox"/> Translate
2.	<input type="checkbox"/> Speak	<input type="checkbox"/> Write	<input type="checkbox"/> Translate
Have you ever volunteered before?			
What position did you hold?			
Please list other volunteer work you have done:			
What medical, nursing, EMT, licenses or certifications do you hold?			
Do you have a valid driver's license?			

**PLEASE COMPLETE REVERSE OF THIS FORM**

*According to the Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The information you enter on this form is confidential and is for the purpose of record keeping for the Dodge County Citizen Corps Council.*

**\*\*PLEASE LIST TWO REFERENCES OTHER THAN FAMILY\*\***

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

**\*\*PLEASE MARK ALL AREAS OF INTEREST TO YOU\*\***

- Office Support       Fund Raising       Community Policing       Special Events  
 Emergency Services       PR/Marketing       Develop Volunteers       Youth  
 Plan Development       Speakers Bureau       Human Resources       Homeless Shelter  
 Date Management       Computer Support       Building Maintenance  
 Teaching: If interested, please check the items that you would be interested in teaching.  
 First Aid       CPR       Water Safety       Fire Safety  
 Youth, fire Safety       Youth, First Aid       Other:

I wish to volunteer for the following disaster locations:

- In local community       In the State of Wisconsin       In the United States

**\*\*WHAT TIMES ARE YOU AVAILABLE\*\***

	MON	TUE	WED	THU	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

**\*\*PLEASE ENTER ANY OTHER INFORMATION YOU WISH TO INCLUDE WITH YOUR APPLICATION\*\***


I understand that the above information is voluntarily supplied and is used for Dodge County Citizen Corps Council Volunteer Placement. I further understand that I am not paid for my services. I acknowledge that all the information I have disclosed herein is true and accurate to the best of my knowledge. I certify that by signing this application, I have read and under the Dodge County Citizen Corps By-Laws and agree to comply with it. Background checks are completed on all applicants.

---

Signature Date