



## VOLUNTEER APPLICATION

We welcome your interest in volunteering for Restorative Justice for Dodge County, Inc. **Volunteerism** has a long tradition in American History and Dodge County. People in the community who have special knowledge and particular talents can provide great contributions as volunteers. Restorative Justice for Dodge County, Inc. has a commitment to provide training and ongoing support to all volunteers. To assist us in maintaining our commitment, we asked that you complete the information requested below. Thank you.

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Telephone #s where you can be contacted: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you have a valid Wisconsin Driver's License: Yes \_\_\_ No \_\_\_

Driver's license # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_ No \_\_\_ If no, list your age \_\_\_\_\_

Check possible areas of interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Facilitator                     | <input type="checkbox"/> Fundraising   |
| <input type="checkbox"/> Speaker Bureau                  | <input type="checkbox"/> Office Duties |
| <input type="checkbox"/> School Liaison                  | <input type="checkbox"/> Data Entry    |
| <input type="checkbox"/> Assist with Victim Impact Panel |  |



**EMPLOYMENT HISTORY:**

Current or last employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone # \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
Your position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Previous employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone # \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
Your position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Previous employer: \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone # \_\_\_\_\_  
Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
Your position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES: (NO RELATIVES)**

Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_

**AUTHORIZATION**  
**PLEASE READ CAREFULLY BEFORE SIGNING**

My signature below certified that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application can disqualify me from consideration. Furthermore, my signature below provides my authorization to Restorative Justice for Dodge County, Inc. to conduct reference and background checks as needed. I hereby release all parties from any liability from furnishing this information.

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Applicant's Signature

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Date

When completed, return to:

**Restorative Justice for Dodge County, Inc.**  
**127 East Oak Street, Room 426**  
**Juneau, WI 53039**

