

Note to Staff:
Shaded information indicates
required fields in Phoenix

Amherst H. Wilder Foundation Individual Volunteer Application

Volunteer Position _____

Please read this notice before completing application.

Thank you for your interest in volunteering for the Wilder Foundation. Please fill out this form as completely as possible. None of the questions are intended to imply any limitations or discrimination. Because many of our programs work with vulnerable youth or adults, you may be asked to give your permission for Wilder to conduct a background check. All background checks must be completed before you would be accepted as a volunteer. By completing this application, there is no assurance of being accepted as a volunteer or that volunteer positions are available. Please print legibly or type.

GENERAL INFORMATION

Name _____ Date of application _____
Last First
Address _____
Street City State Zip
Telephone _____
Area Code Daytime Area Code Evening

How did you hear about volunteer opportunities at Wilder?

- Word of mouth Website/Internet Class/Teacher
 Wilder tour Newspaper Other _____

Reason for volunteering _____

What date are you able to start your volunteer experience? _____

Please indicate the day(s)/time(s) you are available to volunteer?

- Mon ____ (am) ____ (pm) Tues ____ (am) ____ (pm) Wed ____ (am) ____ (pm) Thurs ____ (am) ____ (pm)
 Fri ____ (am) ____ (pm) Sat ____ (am) ____ (pm) Sun ____ (am) ____ (pm)

Are you a current or former employee of the Wilder Foundation? Yes No

If yes, list location/program: _____ Dates employed: _____

VOLUNTEER HISTORY

- Name of Organization _____
Organization's address _____
Dates of service _____
From _____ To _____
Position held _____
Your responsibilities _____
Supervisor Name/Phone _____
May we contact this person for a reference? yes no
- Name of Organization _____
Organization's address _____
Dates of service _____
From _____ To _____
Position held _____
Your responsibilities _____
Supervisor Name/Phone _____
May we contact this person for a reference? yes no
- Name of Organization _____
Organization's address _____
Dates of service _____
From _____ To _____
Position held _____
Your responsibilities _____
Supervisor Name/Phone _____
May we contact this person for a reference? yes no
- Name of Organization _____
Organization's address _____
Dates of service _____
From _____ To _____
Position held _____
Your responsibilities _____
Supervisor Name/Phone _____
May we contact this person for a reference? yes no

ADDITIONAL INFORMATION

Please describe any additional experience that is relevant to the volunteer position you are applying for. _____

Name of employer (or, if retired, from where) _____

Name of school (if currently enrolled) _____

Transportation mode to volunteer program:

Walk Drive Ride with someone Special Senior Transportation Public Transportation

REFERENCES

1. Name _____
Phone _____
Relationship _____

2. Name _____
Phone _____
Relationship _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

DRIVING FOR WILDER

Operation of a Wilder vehicle or your own vehicle

IS a requirement of this position IS NOT a requirement of this position.

If it is a requirement of this position, please provide your driver's license # _____ and state issued _____

STAFF TO COMPLETE INFORMATION IN THIS SHADED BOX.

Driver record abstract obtained: Yes No Defensive Driving course completed: Yes No

HIPAA Training completed: Yes No

Criminal Background Check completed: Yes No

If Yes, completed by Wilder Other agency If other agency, name of agency:

DHS Background Check completed: Yes No

Department Name: _____ Department #: _____ Volunteer #: _____

Effective Date: _____

PLEASE READ CAREFULLY AND EXAMINE YOUR APPLICATION BEFORE SIGNING.

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation, or concealment of information on this application may be sufficient grounds for disqualification from further consideration for the volunteer position or termination of the volunteer position and that the Foundation shall not be held liable in any respect if my volunteer position is so denied or terminated.

I authorize the Foundation to verify the information contained in this application and to investigate my personal or employment history. I also authorize any former school, employer, person, firm, corporation, credit agency, or government agency to give the Foundation information they may have about me. In consideration of the Foundation's review of this application, I release the Foundation and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if selected for the volunteer position, I will conform my conduct to Foundation rules and understand that unless otherwise specifically agreed to in writing, the volunteer relationship can be terminated at any time with or without cause, and with or without notice, at my option or the option of the Foundation. I understand that this application and any manuals or handbooks that may be distributed to me during the course of my volunteer experience shall not be construed as a contract.

Signature of Applicant

Date

Parent/Guardian (if applicant is under age 18)

Date

The following information is collected for research purposes only. Your response is appreciated, but not mandatory.

Age: _____ [and/or] Birth Date: _____

Gender: Female Male

Ethnicity:

African American Asian Caucasian Native American Multi-Racial Other

Hispanic Origin: Yes No

Confidential Information

Note to Program: Do Not File
Must be destroyed after data is entered into Phoenix.