



Volunteer Application

Please return to:

Community Health Services Corporation
 700 S. Fremont St
 Prairie du Chien, WI 53821
 Phone:(608)326-8471
 Fax:(608)326-3205
 maw@chscwi.org

| | | | | |
|--|--|--|-----------------|------------------------|
| Date: | | | | |
| APPLICANT INFORMATION | | | | |
| Last Name: | | First Name: | Middle Initial: | E-Mail: |
| Address: | | | | |
| City: | | State: | Zip Code: | |
| Home Phone: | | Cell Phone: | | |
| Occupation: | | Employer: | | Employer Phone Number: |
| May we contact you at work? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | Does your company have a volunteer matching program? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | |
| Emergency Contact: | | Emergency Phone Number: | Relationship: | |
| Are you currently attending school? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | If yes, where? | | Area of study: |
| Describe some of your interests, talents, or skills: | | | | |
| What could you add as a volunteer for this organization (please be specific): | | | | |
| Our volunteer services reflect a variety of needs. Please list any conditions (medical, physical, or emotional) that you feel are important for us to know: | | | | |
| How did you hear about our volunteer program? | | | | |
| VOLUNTEER | | | | |
| Which volunteer opportunities interest you? | | | | |
| <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | | |
| <i>** All volunteer opportunities require a minimum 24 hour commitment annually.</i> | | | | |
| EMPLOYMENT HISTORY | | | | |
| <i>Job 1 (most recent)</i> | | | | |
| Company name: | | Start date: | End date: | |
| Street address: | | | | |
| City: | | State: | | ZIP Code: |
| Describe your position and responsibilities: | | | | |

| EMPLOYMENT HISTORY (Cont.) | | | |
|--|----------------------------|----------------------|-------------------|
| <i>Job 2</i> | | | |
| Company name: | Start date: | End date: | |
| Street address: | | | |
| City: | State: | ZIP Code: | |
| Describe your position and responsibilities: | | | |
| VOLUNTEER EXPERIENCE | | | |
| <i>Volunteer Activity 1</i> | | | |
| Organization: | | Start date: | |
| | | End date: | |
| Street address: | Point of contact: | Organization phone # | |
| City: | State: | ZIP Code: | |
| Describe your position and responsibilities: | | | |
| <i>Volunteer Activity 2</i> | | | |
| Organization: | | Start date: | |
| | | End date: | |
| Street address: | Point of contact: | Organization phone # | |
| City: | State: | ZIP Code: | |
| Describe your position and responsibilities: | | | |
| REFERENCES | | | |
| Please list two, non-family references below | | | |
| Name: | Relationship to applicant: | Home phone # | Alternate phone # |
| Name: | Relationship to applicant: | Home phone # | Alternate phone # |

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I authorize full and complete investigation of my application information. This process may include interviewing professional and personal references, criminal history verification, and other relevant processes. I understand that any misrepresentation or falsification of this application may constitute rejection or dismissal.

In addition, I do hereby agree to indemnify and hold harmless Community Health Services Corporation, its employees, volunteers or agents from any and all claims or causes of action that may arise out of performance of my assigned duties as a volunteer. I waive any right I have against Community Health Services Corporation in consideration of my participation as a volunteer for the programs and offices of Community Health Services Corporation. In closing, I agree that my volunteer services are donated to Community Health Services Corporation without contemplation of compensation or promise of future employment.

Signature: _____

Date: _____

Community Health Services Corporation is an Equal Opportunity Organization. We select volunteers without regard to ethnicity, gender, national origin, religion, age, education, sexual orientation, mental or physical disability unrelated to job performance.