



VIP SERVICES, INC. VOLUNTEER APPLICATION

INFORMATION & INSTRUCTION: Your application will be kept on file for one year. Your help in keeping this information current so that we can alert you about upcoming events and volunteer opportunities will be greatly appreciated.

PLEASE PRINT

PLEASE FILL APPLICATION OUT COMPLETELY

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ **DAYTIME PHONE:** _____

EVENING PHONE: _____ **CELL PHONE:** _____

E-MAIL: _____

WHICH OF THE ABOVE IS THE BEST WAY TO CONTACT YOU : _____

AVAILABILITY

Please indicate your availability or best times to volunteer.

_____ Daily _____ A.M. _____ P.M. _____ All Day

_____ Weekly _____ Day (s) available

_____ Monthly _____ Day (s) available

_____ Seasonal _____ Month (s) available

_____ Occasional _____ Call me for availability

If you have any additional information you wish to share about your availability please do so here:

SPECIAL SKILLS AND/OR INTERESTS (computers, data entry, Braille reading, sign language, photography, etc.):

DO YOU HOLD A CURRENT WI DRIVERS LICENSE? _____ YES _____ NO

ARE YOU WILLING TO TRANSPORT OUR CLIENT PARTICIPANTS IN YOUR CAR OR IN A VEHICLE?

_____ YES (If yes we are required to check your driving record & insurance) _____ NO

CURRENT & PREVIOUS EMPLOYERS:

CURRENT & PREVIOUS VOLUNTEER EXPERIENCE:

REFERENCES (Professional as well as personal please)

1. NAME _____ PHONE () _____
ADDRESS _____
RELATIONSHIP _____

2. NAME _____ PHONE () _____
ADDRESS _____
RELATIONSHIP _____

3. NAME _____ PHONE () _____
ADDRESS _____
RELATIONSHIP _____

I UNDERSTAND THAT AS A VOLUNTEER FOR VIP SERVICES I WILL BE IN CONTACT WITH PEOPLE WHO HAVE DISABILITIES AND ARE CONSIDERED A VULNERABLE POPULATION. AS SUCH I GIVE MY PERMISSION TO VIP SERVICES TO CONDUCT BACKGROUND CHECKS USING THE FOLLOWING MEANS: (this information will be held in confidence)

- References Provided
- Criminal Background Check
- Sex Offender Registry
- Driving Record & Insurance

Please drop off or mail to:

VIP Services, Inc.
811 E. Geneva Street
Elkhorn, WI 53121
262-723-4043

Applicant's Signature _____ **Date** _____