



## VOLUNTEER APPLICATION

Variety – the Children’s Charity of Wisconsin encourages the participation of volunteers who support our mission of enriching the lives of children with physical or developmental special needs and their families. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest.

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**How did you learn about Variety?**

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**What attracted you to apply to volunteer with our organization?**

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**Please tell us about yourself. What skills, abilities, and qualities would you like to contribute to the organization?**

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**Do you have any certifications or qualifications? If so, please specify.**

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**What would you like to get out of the volunteering experience?**

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**Volunteer experience:** (list most recent service positions)

Position: \_\_\_\_\_ Position: \_\_\_\_\_  
Agency: \_\_\_\_\_ Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Interests:**

\_\_\_\_\_ General Office/Clerical    \_\_\_\_\_ Computer/Data Entry    \_\_\_\_\_ Fundraising Events  
\_\_\_\_\_ Family Activities    \_\_\_\_\_ Serving on a committee    \_\_\_\_\_ Other. Please specify. \_\_\_\_\_

**Do you have any physical limitations or special support needs? If so, please specify.**

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**Are you able to attend training and/or informational sessions?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**Are you willing to undergo screening and/or background check for our clients' safety?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**What is your availability? Please circle:**

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

**Times available:** From \_\_\_\_\_ to \_\_\_\_\_

*As a volunteer of Variety – the Children’s Charity of Wisconsin, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and not eligible to receive any monetary payment or reward.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return application to:**

Attn: Dua Vang-Ramirez

Variety – the Children’s Charity of Wisconsin

12425 Knoll Road, Suite 120

Elm Grove, WI 53122

**OR**

Email to [dua@varietywi.org](mailto:dua@varietywi.org).

For questions, please call 262-777-2090 ext:108.