



# VOLUNTEER APPLICATION

Applicants for all positions at Wisconsin Badger Camp are considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Complete Address \_\_\_\_\_ Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Position Applying For: \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
How did you learn of this volunteer opportunity? \_\_\_\_\_

### Employment Experience (list most recent experience first):

1. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Employer's City, State, Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Major Responsibilities: \_\_\_\_\_
2. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Employer's City, State, Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Major Responsibilities: \_\_\_\_\_
3. Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Employer's City, State, Zip: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Major Responsibilities: \_\_\_\_\_

### Education

	Name, City and State	Dates	Highest Grade Completed	Degree/Major
High School				
College				
Other				

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  
\_\_\_ Yes \_\_\_ No

Please list the dates you would be available to work: \_\_\_\_\_

### References: (List 3 individuals NOT related to you who can judge your qualifications for this position)

- | NAME     | COMPLETE ADDRESS (INCLUDE STREET OR PO BOX) & PHONE (INCLUDE AREA CODE) |
|----------|---|
| 1. _____ | _____   |
| 2. _____ | _____   |
| 3. _____ | _____   |

**Certificates/Training** (C = current, X = expired) Please indicate date of expiration

Valid Driver's License \_\_\_\_\_ EMT \_\_\_\_\_ CDL \_\_\_\_\_

CPR (ARC/AHA) \_\_\_\_\_ First Aid \_\_\_\_\_

Other (please list): \_\_\_\_\_

1. Why are you interested in volunteering with Wisconsin Badger Camp? \_\_\_\_\_

2. What is your philosophy pertaining to individuals with developmental disabilities? \_\_\_\_\_

3. Do you foresee a difficulty in abiding by strict policies concerning smoking and alcohol use? If so, please explain. \_\_\_\_\_

4. The positions at camp include heavy lifting (at least 60 pounds) and strenuous activities. Do you have any physical or mental impairments that would limit your performance? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what? \_\_\_\_\_

5. Have you been convicted of a felony, including but not limited to sexual or child abuse in the past ten years? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe in full. \_\_\_\_\_

6. Have you applied to volunteer with Wisconsin Badger Camp before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, month and year: \_\_\_\_\_

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this volunteer application as may be necessary in arriving at a volunteer work decision. I give permission for previous employers to share employment information.

I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that Wisconsin Badger Camp may check my driving record and criminal history background in association with this volunteer opportunity. I understand also that I am required to abide by all rules and regulations of Wisconsin Badger Camp.

I have read everything in the volunteer application and I fully understand the information.

I certify that I am/will be 18 years of age or older as of the first day of volunteering.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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