



WORKERS ON WHEELS VOLUNTEER APPLICATION

Thank you for your interest in the WOW Program. Your help is needed!

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening or Cell Phone: _____

E-Mail Address _____ Employer: _____

Date of Birth: _____

PART I - GENERAL INFORMATION

I would like to volunteer because _____

Please indicate the times that you are available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

What previous volunteer experience have you had?

Your Occupation: (Past occupation, if retired)

Part II - Volunteer Assignment Choices: (Please check all you are willing to accept)

<p>Help In the Home</p> <p><input type="checkbox"/> Light housekeeping <input type="checkbox"/> Sewing <input type="checkbox"/> Errand running <input type="checkbox"/> Preparing meals <input type="checkbox"/> Mail management <input type="checkbox"/> Laundry <input type="checkbox"/> Companionship</p>	<p>Chores</p> <p><input type="checkbox"/> Gardening <input type="checkbox"/> Mowing <input type="checkbox"/> Hedge-trimming <input type="checkbox"/> Raking <input type="checkbox"/> Snow removal <input type="checkbox"/> Auto repair <input type="checkbox"/> Window washing <input type="checkbox"/> Heavy house cleaning <input type="checkbox"/> Rain gutter cleaning</p>
<p>Projects</p> <p><input type="checkbox"/> General repair interior <input type="checkbox"/> General repair exterior <input type="checkbox"/> Ramp building <input type="checkbox"/> Moving (local) <input type="checkbox"/> Inside painting <input type="checkbox"/> Outside painting <input type="checkbox"/> Major household organizing <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrical work <input type="checkbox"/> Furniture moving <input type="checkbox"/> Plumbing <input type="checkbox"/> Packing</p>	<p>Transportation <i>(Using your own vehicle)</i></p> <p><input type="checkbox"/> In town to medical appointments <input type="checkbox"/> Hauling debris / landfill <input type="checkbox"/> I can use my truck</p>
<p>Organizational Help</p> <p><input type="checkbox"/> Serve on advisory board <input type="checkbox"/> Help with fundraising</p>	<p>Office Assistance</p> <p><input type="checkbox"/> Answering phones <input type="checkbox"/> Assist with mailings <input type="checkbox"/> Computer data entry</p>

Please share any other information that will help us to make a good match.

(Such as education, interests, special hobbies or skills)

PART III – Background & References

Do you have a valid South Dakota driver’s license? **Yes** **No**

License Number: _____

Have you ever been convicted for a violation of any laws, traffic or otherwise?

Yes **No**

If yes, please explain: _____

I am willing to volunteer with a smoker: **Yes** **No**

I will volunteer with clients who have pets: **Yes** **No**

Who should we contact in case of emergency? _____

Telephone Number: _____

Relation to you: _____

REFERENCES:

Please list three people we may call who are not family.

Reference 1

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Relation to you: _____

***Office use: Date called _____ Notes: _____

Reference 2

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Relation to you: _____

***Office use: Date called _____ Notes: _____

Reference 3

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Relation to you: _____

***Office use: Date called _____ Notes: _____

Office Use: Date can start: _____

_____ Interviewed _____ Orientation Completed _____ Name Tag _____ Handbook

_____ Background Check 1 _____ Background Check 2 _____ TY Sent

_____ Databases: (_____ WOW _____ CFAG) _____ Newspaper _____ Birthday Card