



400 N. Division St.  
Appleton, WI 54911  
Phone: 920-734-9192 ♦ Fax 920-882-1448

of the Fox Valley

**VOLUNTEER APPLICATION / INTEREST FORM**

The information on this form will be held in strict confidence  
and will be used only by Emergency Shelter staff.

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

Address: \_\_\_\_\_  
(Street)

Home Phone: \_\_\_\_\_

Cell Phone/Other: \_\_\_\_\_

Work Phone: \_\_\_\_\_

May we contact you at work? \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Agency Use Only
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1. Have you volunteered at this agency before? \_\_\_\_\_ If yes, when? \_\_\_\_\_
2. Why are you interested in volunteering with us? \_\_\_\_\_  
\_\_\_\_\_
3. Are you currently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_
4. What type of work do you do? \_\_\_\_\_
5. Are you currently a student? \_\_\_\_\_ If so, where? \_\_\_\_\_
6. Education: (circle highest completed): 8 9 10 11 12 13 14 15 16 16+  
Degrees, special training, licenses, certificates? \_\_\_\_\_
7. Is this a community service, requirement? \_\_\_\_\_ If yes, how many hours? \_\_\_\_\_
8. Volunteer Experience: \_\_\_\_\_
9. Are you 18 years or older? \_\_\_\_\_
10. Do you have any physical limitations or health concerns that may affect your volunteer work?  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
11. Have you been a client of the Emergency Shelter of the Fox Valley? If so, when? (A yes answer will not necessarily bar you from volunteering.)  
\_\_\_\_\_
12. List any personal or professional skills you would be willing to share with our agency:  
\_\_\_\_\_

**VOLUNTEER OPPORTUNITIES:** The following list includes many, but not all, of the areas where we utilize volunteers. Please check those that interest you, or that you would like more information about.

- Front Desk Monitor/Receptionist
- Kitchen – Serve breakfast
- Kitchen – Baking/Cooking meals to freeze/Etc.
- Kitchen – Prepare and serve snack (7pm-9pm)
- Organizing shelter closets/storage areas/restocking
- Garden Walk – Ticket Taker
- Human Race Walkers
- Children’s Program
- “Errands” runner (pick up from restaurants, deli’s, etc.)
- Office work (Filing, collating, etc.)
- Computer data entry (Microsoft Word, Excel)
- Handyperson (Floor tile laying, painting, etc.)
- Fundraising / Grant writing expertise
- Share your business expertise in classroom style setting to residents (ex. HR info, job seeking, landlord/tenant relations, etc.)
- Grant Writing
- Other (Please explain) \_\_\_\_\_

When will you be available for volunteering?

Weekday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings Weekend <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings
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- Are you willing to attend a required orientation?  Yes  No
- Are you willing to make a one-year commitment to the Shelter?  Yes  No
- Can you commit to volunteering at least twice per month?  Yes  No
- Have you been convicted of a felony within the last ten years?  Yes  No
- Are you currently on probation?  Yes  No

**REFERENCES**

Please list two non-family references that we may contact on your behalf:

1. \_\_\_\_\_  
 Name Relationship Phone

\_\_\_\_\_  
 Complete mailing address Email

2. \_\_\_\_\_  
 Name Relationship Phone

\_\_\_\_\_  
 Complete mailing address Email

*I certify that all information provided on this application is true and complete. I understand that falsification or significant omissions of any information may be considered justification for dismissal if discovered at a later date.*

*Because of the agency’s concern for the well being of the community it serves, some volunteer positions require a criminal background check on the volunteers. I understand and approve of the Emergency Shelter of the Fox Valley checking my background, which will include a criminal background check and reference check.*

\_\_\_\_\_  
 Applicant’s Signature

\_\_\_\_\_  
 Date