



CENTER for
COMMUNICATION
HEARING &
DEAFNESS

Volunteer Application

Please answer the following questions as best as possible. When completed, please email to rmurphy@cchdwi.org or mail to CCHD, Attn: Volunteer Coordinator, 10243 W. National Avenue, West Allis, WI 53227.

Name _____

Address _____ City/State _____

Zip _____ Phone (Home) _____ (Work) _____ (Cell) _____

E-Mail _____ Birth date _____

Emergency Contact _____ Phone _____

Do you have any limitations that will restrict your volunteering? _____ Please explain _____

Have you every been convicted of a crime? _____ Please explain: _____

How were you referred to us? _____

Why do you want to volunteer here? _____

What skills or talents would you like to use? _____

What do you want to gain from your volunteer experience? _____

Current Employer

Company _____ Address _____

Position _____ Length of Employment _____

Current or Past Volunteer Experiences

Agency _____ **Address** _____

Position _____ **Phone** _____ **Dates** _____

Agency _____ **Address** _____

Position _____ **Phone** _____ **Dates** _____

References (Do not list family or friends)

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

The above information is correct and complete to the best of my knowledge, without consequential omissions of any kind. I authorize the organizations and persons named to release any information requested regarding my service, character and qualifications. I understand that the agency may do a background check. I acknowledge that by completing this application the agency is not obligated to offer me a volunteer position.

Signature _____ **Date** _____

For office use

Date Started _____ **Position** _____

Schedule _____

- _____ Interview
- _____ Reference check
- _____ Vol/Agency Agreement

- _____ Orientation
- _____ Background check
- _____ Job Description

Thank you for your interest in volunteering!