Recreational Activities for the Developmentally Disabled

3312 Washington Ave, Racine, WI 53405

Phone: 262-633-0291 • Fax: 262-633-0299
Email: program.coordinator@radd-cpa.org

Website: www.radd-cpa.org

**Volunteer Application**

## Contact Information

|  |  |
| --- | --- |
| Name: |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Home/ Cell Phone: |  |
| Work Phone: |  |
| E-Mail Address: |  |
| Where did you hear about are organization from (please list/specify)? |
|  |

## Service Area(s) of Interest

|  |  |
| --- | --- |
| Bowling Club (Saturdays 1pm-3pm) | Dance Club  |
| Adult Swim (Mondays 6PM-8PM) | Cooking Class (Thursdays 5:00pm-7:00pm) |
| Overnight Respite (Friday Evening Hours 4:30pm-8:30pm) and/or(Saturday Morning Hours 8am-11am) \*\* Open to alternative times | Camp Kinder (June to August, Mondays through Fridays) from 9:30-2:30pm\*\* Create schedule based on volunteer needs |
| One Time Events (To Be Discussed) | Other (office work, fundraising, etc) |

## Previous Volunteer Experience

### Please summarize your previous volunteer experience including any service for people living with special needs.

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## Special Skills or Qualifications

### Summarize special skills, certifications, trainings and/or qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name: |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Home/ Cell Phone: |  |
| Work Phone: |  |
| E-Mail Address: |  |
|  |  |

## References

Please provide 2 references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

Name (first, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ How long known? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (first, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ How long known? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## References

### Note: To ensure the safety of our clients, volunteers, and the communities we serve, applicants for volunteer positions will be asked to consent to a background informational disclosure. If the position for which you apply requires a criminal record check, we will ask you to complete a separate form to authorize one.

Have you ever been convicted of a felony?Yes NoIf yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Authorization for criminal background check, please provide date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(00/00/00)

**Authorization and Certification**

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize RADD to contact the references with regard to my application to become a RADD volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

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

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.