

R.A.D.D. LLC  
 Recreational Activities for the  
 Developmentally Disabled

3015 Pritchard Dr, Mount Pleasant, WI 53406  
 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

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

### Previous Volunteer Experience

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

### 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     \_\_\_ No     If 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 R.A.D.D. LLC to contact the references about my application to become a R.A.D.D. LLC volunteer. I also authorize the people referenced to provide information in connection with my application and release them from any liability regarding 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.