



Milwaukee Christian Center

Attention: Volunteer Coordinator
2137 W. Greenfield Ave. Milwaukee, WI 53204-2698
(414) 645-5350 phone ~ (414) 645-1859 fax

VOLUNTEER APPLICATION

Name _____ Date of Application _____

Address _____ City _____

State _____ Zip _____ Email _____

Telephone No. () _____ Birth Date _____

Emergency Contact _____ Relationship _____ Telephone _____

I. SKILLS AND INTERESTS

Education background: _____

Current occupation/employer: _____

Hobbies, interests, skills: _____

Previous volunteer experience: _____

Languages spoken (other than English): _____

IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED?

(Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Working one-on-one with a single client | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Working directly with a staff person as an assistant | <input type="checkbox"/> Providing a service to several clients |
| <input type="checkbox"/> Helping in our office (general administrative) | <input type="checkbox"/> Public speaking, fundraising, etc. |
| <input type="checkbox"/> Research, teaching, or planning special projects | <input type="checkbox"/> Building & grounds maintenance |
| <input type="checkbox"/> Other: _____ | |

IS THERE A PARTICULAR MCC PROGRAM IN WHICH YOU ARE MOST INTERESTED?

- | | | |
|--|--|--|
| <input type="checkbox"/> Senior Adult Programs | <input type="checkbox"/> Teens/Pre-Teens | <input type="checkbox"/> Grade school age children |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Neighborhood Improvement Project/Youthbuild | |
| <input type="checkbox"/> No preference | <input type="checkbox"/> Other area: _____ | |

ARE THERE ANY GROUPS IN WHICH YOU WOULD *NOT* FEEL COMFORTABLE WORKING?

YES NO

Please explain: _____

DO YOU NEED TO FULFILL COMMUNITY SERVICE OR SERVICE LEARNING HOURS? YES NO

If so, how many hours? _____

DO YOU REQUIRE SPECIAL ACCOMODATIONS AS A VOLUNTEER? (i.e. limited time spent on your feet, allergy to latex gloves, lifting/weight restrictions)? YES NO

Please explain: _____

II. AVAILABILITY

AT WHAT TIMES ARE YOU INTERESTED IN VOLUNTEERING?

I am flexible Prefer weekdays Prefer weekends (*MCC has limited weekend events*)

Other: _____ There are times during a week when I cannot do volunteer work: _____

WHAT IS YOUR PRIMARY FORM OF TRANSPORTATION? _____

III. REFERENCES

HOW DID YOU HEAR ABOUT US? _____

LIST NAMES AND PHONE NUMBERS OF TWO PERSONAL REFERENCES (DO NOT LIST FAMILY/FRIENDS):

Name: _____ Phone: _____

Relationship to you: _____

Name: _____ Phone: _____

Relationship to you: _____

Parental Permission (If you are under 18, please ask a parent or guardian to complete):

I grant permission for _____ to volunteer at MCC.

Name of parent/guardian: _____ Date: _____

Signature: _____

IV. MCC Volunteer Service Agreement and Waiver of Liability

In consideration of the opportunity afforded me to assist on a voluntary basis at the Milwaukee Christian Center, and in light of the aims and purposes of the community services provided by Milwaukee Christian Center, I hereby waive any right or cause of actions arising as a result of my participation in Milwaukee Christian Center from which any liability may or could accrue against Milwaukee Christian Center, its officers, and/or directors collectively or individually.

Without limiting the generality of the foregoing, I agree that this **waiver** shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for the Milwaukee Christian Center.

Volunteer Signature

Date

FOR MCC OFFICE USE ONLY

Date of interview: _____ Program placement: _____

Supervisor: _____ Start date: _____

Background check passed? Yes No References checked? Yes No

Comments: _____
