Heart of Wisconsin
Chamber of Commerce

VolunteerApplication

Please print legibly in ink. You must complete the entire application.   DATE: _____

APPLICANT INFORMATION

Name (first, middle, last)	Telephone # ( )
Address (street, city, state, zip code)	Cell Phone # ( )
Please list any other names under which you have worked or attended school.	Social Security # _ _
Are you at least 18 years old? ☐ Yes ☐ No Date of birth _____ Volunteers under 18 years of age will need written permission from their parent or guardian.	Email address

Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? ☐ Yes ☐ No

If yes, explain 1) nature of the crime 2) date of conviction, and 3) state in which convicted.

We conduct criminal record checks on all volunteers. Convictions are not an automatic bar to volunteer opportunities. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate removal from volunteer service. If you are unsure how to complete this information, please contact the Human Resources Department.

ASSIGNMENT PREFERENCES – Indicate availability for volunteer service (check all that apply)

Days of the Week: ☐ Monday ☐ Tuesday ☐ Wednesday   ☐ Thursday ☐ Friday   ☐ Saturday ☐ Sunday

Times of Day: ☐ Morning ☐ Afternoon ☐ Evening   List hours per week desired _____

Please indicate in **numerical order the top three** areas of interest:

___Marketing   ___Membership   ___Social Media Marketing
___Website Development   ___Economic Development

___Events   ___Program Development
___Office   ___Customer Service

ADDITIONAL INFORMATION

Please list all training, skills, certifications, etc. that you plan to utilize in your volunteer service.

Describe your goals for performing volunteer service with the Heart of Wisconsin Chamber of Commerce.

How did you learn of volunteer opportunities at the Heart of Wisconsin Chamber of Commerce? (check all that apply)

o   Volunteer Fair _____   o   Community Agency _____

o   School/College _____   o   Newspaper/Radio _____

o   Web Site _____   o   Employee/Volunteer Referral _____

                                             o   Other _____

WORK & VOLUNTEER SERVICE EXPERIENCE

Have you ever performed volunteer service before?   [ ] Yes [ ] No If yes, when? _____

Please describe:

Have you ever been paid to work for the Heart of Wisconsin Chamber of Commerce? [ ] Yes [ ] No

  If yes, when? _____ Please describe:

Are you currently employed? [ ] Yes [ ] No   May we contact your current employer for reference purposes? [ ] Yes [ ] No

Name of Employer	Job Title
Name of Immediate Supervisor	Telephone Number ( )

PERSONAL/PROFESSIONAL/FAMILY REFERENCES

Name	Daytime Telephone ( )
	Evening Telephone ( )
Address	
Relationship	How long known?
Name	Daytime Telephone ( )
	Evening Telephone ( )
Address	
Relationship	How long known?

EMERGENCY CONTACT INFORMATION

Name	Telephone Number ( )

Please read carefully before signing this application.

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of volunteering or be cause for subsequent dismissal if I am chosen for a volunteer assignment.

2. I authorize the Heart of Wisconsin Chamber of Commerce to investigate and verify any and all information provided on this volunteer application. Such information and verification whether favorable or unfavorable may be provided by present or former employers, references provided, or any individual familiar with my background or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my background or me.

3. Regardless of whether or not I become a volunteer with the Heart of Wisconsin Chamber of Commerce, I recognize that this application is not and should not be considered a contract. I understand that volunteering at the Heart of Wisconsin Chamber of Commerce is on an at-will basis and that my volunteer assignment may be terminated with or without cause, and without notice, at any time, at my option or the Heart of Wisconsin Chamber of Commerces' unless specifically provided otherwise.

Signature: Date:

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