



VOLUNTEER APPLICATION

RCS EMPOWERS, INC. 1607 GEELE AVE. SHEBOYGAN, WI 53083

A Drug Free/Tobacco Free Workplace

PERSONAL

NAME _____ DATE _____ Email address _____

ADDRESS _____ CITY _____ STATE _____

HOME PHONE _____ CELL PHONE _____ ZIP CODE _____

Have you been convicted of a FELONY within the last 7 years?

If yes, please explain.
(Conviction does not necessarily discontinue an applicant from volunteer work.)

EXPERIENCE

Start with your present or last job. Include any military or volunteer activities.

Employer _____ Address _____ Phone _____

Supervisor's Name _____ Reason for Leaving _____

Briefly describe your duties: _____

Employer _____ Address _____ Phone _____

Supervisor's Name _____ Reason for Leaving _____

Briefly describe your duties: _____

Military or Volunteer Activities: _____

Days available: Monday Tuesday Wednesday Thursday Friday

Times available: _____

How did you learn about us: Advertisement Relative Friend Walk-in

Other _____

EDUCATION

High School: _____ Did you graduate?

University or Technical College: _____

Number of years attended: _____ Area of Study: _____

Other schooling: _____

(please describe)

List other activities, skills, hobbies, etc. which you feel will be of benefit to the program. Include such skills as sewing, woodworking, Medic First Aid/CPR Training, etc.

REFERENCES

List two references other than former employers.

NAME _____ PHONE _____ ADDRESS _____

NAME _____ PHONE _____ ADDRESS _____

Vehicle License # _____

In case of emergency please notify:

NAME _____ Relationship _____ Phone _____ Address _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation to all statements contained in this application for volunteering as may be necessary in arriving at a decision.

I understand that false or misleading information given in my application or interview(s) may result in termination of my volunteer status. I understand, also, that I am required to abide by all rules and regulations of RCS Empowers, Inc.

CONFIDENTIALITY STATEMENT

I acknowledge the receipt of a copy of the Client Bill of Rights and understand that persons receiving services (Participants) at RCS are protected under these rights. I further understand that I am **not** to discuss issues concerning RCS Participants working at RCS as this information is confidential and cannot be released per state law.

I am also aware that violation of Participants' rights, which includes breach of confidentiality, will result in my volunteer services no longer being needed by RCS.

I acknowledge the receipt of and agree to abide by the Code of Ethics policy. Further, I fully understand and am capable of performing the responsibilities of my volunteer position.

Applicant Signature _____ Date _____