



# 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