



Door County Partnership for Children and Families

P.O. Box 223 Sturgeon Bay, WI 54235

(920) 421-3144 doorcountypartnership4children@gmail.com

Volunteer Application Form

The Door County Partnership for Children and Families is committed to ensuring the safety of the families and children involved in our programming. This commitment necessitates the following information from all applicants regarding arrest and conviction records. A record of arrest does not automatically prohibit volunteer service. The Door County Partnership for Children and Families may complete a background check through the Wisconsin Department of Justice and/or a review of sex offender registries, child abuse and criminal history records. The information on this form will be kept confidential.

Please Print Clearly

Full Name (required): _____
(Last) _____ (First) _____ (Middle Initial) _____

List all names you have ever had or have used (Maiden, Alias, etc.):

Date of Birth (required): _____ / _____ / _____
(Month) _____ (Day) _____ (Year) _____

Social Security Number: _____

Current Address: _____
(Street) _____
(City) _____ (State) _____ (Zip) _____

of Years at this Address: _____ If less than one (1) year, please provide prior address:

(Street) _____ (City) _____ (State) _____ (Zip) _____

Gender: _____ Race: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Email: _____

I authorize the Door County Partnership for Children and Families to review my personal background, which may include, but is not limited to, a background check through the Wisconsin Department of Justice and/or a review of sex offender registries, child abuse, and criminal history records. I consent to having the Door County Partnership for Children and Families conduct a full and complete background check. I voluntarily and knowingly authorize any government agency, its officers, employees, and agents to release any and all information regarding my criminal history to the Door County Partnership for Children and Families. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service with the Door County Partnership for Children and Families. I understand that the Door County Partnership for Children and Families reserves the right to deny my application as a volunteer and may terminate my volunteer status at any time. I hereby release the Door County Partnership for Children and Families, its Executive Committee and members, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

Signature

Date

**Please return this form to the Door County Partnership for Children and Families
P.O. Box 223, Sturgeon Bay, WI 54235**

-----Office Use Only-----

Date Received: _____ Background Check Ordered: _____ Approved: _____ Not Approved: _____

Authorized Staff Signature: _____ Date: _____

Volunteer Interests and Availability

Name: _____
 (Last) (First) (Middle Initial)

Email: _____

Please check all that apply:

I am applying for the **specific volunteer position** of: _____

I have **general volunteer interest** in:

I'm willing to do **just about anything**. Just ask.

Special Skills: *please list any special training/certificates such as First Aid, CPR, etc...*

Availability: (Circle all that are applicable) *Mornings Afternoon Weekdays Weekends*

Other (please specify) _____



Please return completed form to:

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 Email: doorcountypartnership4children@gmail.com

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