



## Door County Partnership for Children and Families

P.O. Box 223 Sturgeon Bay, WI 54235

(920) 421-3144 [doorcountypartnership4children@gmail.com](mailto: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: \_\_\_\_\_

Email: \_\_\_\_\_

☐ I have **general volunteer interest** in:

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

Other (please specify) \_\_\_\_\_



Authorized Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_