



Richard's Place, Inc.

Volunteer Application

Please fill out the application completely and return it to: Richard's Place, Inc. P. O. Box 294, Waukesha, WI 53187. Applications may be faxed to (262) 547-1730. If you have any questions, please call (262) 547-0640.

Name: _____
 First Middle Initial Last

Address: _____
 Street City State Zip

Group/Organization Name: _____

D.O.B. ___/___/___ (for background check purposes only) Sex: M F

Home Phone: _____ Cell: _____

Email Address: _____

Current Employer: _____ Work Phone #: _____

Work Address _____
 Street City State Zip

Position _____ How Long _____

References: Please supply the names of two persons who may be contacted for references. Neither should be your relative or intimate friend.	
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone #: _____	Phone #: _____
Relationship to you: _____	Relationship to you: _____
Email Address: _____	Email Address: _____

Please check the items that you would like to volunteer for:

- | | |
|--|--|
| _____ Meal preparation | _____ Special Events/Fundraising |
| _____ Supportive Companion | _____ Transportation On-Call |
| _____ Outings Assistant | _____ Activities Assistant (playing games, visiting, etc.) |
| _____ Yard Work (Mowing, weeding, raking and planting flowers, etc.) | |

Background and Experience

Do you speak a foreign language? ___ Yes _____ No If yes, please specify_____

Please list any previous volunteer experience:_____

Please list any areas in which you have special interest/skills:_____

How did you hear about Richard’s Place?_____

Do you have any allergies or physical limitations:_____

In case of an emergency please notify:_____

	Name	Relation	Phone
Have you ever been charged with or convicted of a crime?		Yes	No
Do you use illegal drugs?		Yes	No
Are you volunteering to fulfill a court ordered community service?		Yes	No

Waiver: I know that I should not volunteer unless I am medically able. I agree to abide by any decision of Richard’s Place staff to safely complete my volunteer project. I assume all risks associated with volunteering for Richard’s Place. Having read the waiver and release Richard’s Place of all their subsidiaries and sponsors, their representatives and successors for all claims in liabilities of any kind arising out of my volunteering. I grant permission to all of the foregoing to use any photographs, motion picture recordings, quotations or any other records of this event for any legitimate purpose.

Your Signature:_____ **Date:**_____

Please note: Richard’s Place reserves the right to run a background check on each volunteer applicant.

Richard’s Place, Inc. requires that all minors interested in volunteering do so with parental permission. If the applicant is under age 18, please have a parent or legal guardian sign below.

Parental Permission for Minors

I give my permission for _____ to volunteer at Richard’s Place, Inc.

Signature of Parent or Guardian:_____ **Date:**_____

THANK YOU FOR YOUR INTEREST IN HELPING RICHARD’S PLACE

Please take a few minutes to answer the following questions. The information is helpful to make necessary changes to our future volunteer program.

1. How did you hear about us?
2. What interest or event brought you to Richard's Place?
3. Have you known any individuals living with HIV/AIDS?
4. Are there any concerns or fears you have volunteering at Richard's Place?
5. What hobbies, interests, or groups are you involved in?
6. Are you comfortable driving clients in your own vehicle? If not, please let us know so we make sure clients do not put you on the spot.