



Edgerton Outreach

serving those in need

Edgerton Community Outreach / 106 S. Main Street / Edgerton, WI 53534 / 608-884-9593

Volunteer Application

Contact Information

Name	
Street Address	
City, State & ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Birthday	

Availability / During which **hours** are you available for volunteer assignments?

Monday:	Thursday:
Tuesday:	Friday:
Wednesday:	Saturday:

Interests / Check the areas you are interested in volunteering. Those that utilize the food pantry are not able to volunteer in the food pantry due to Second Harvest guidelines.

- | | |
|---|---|
| <input type="checkbox"/> Welcome Station/Receptionist | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Thrift Store Sorter | <input type="checkbox"/> Transportation/Deliveries |
| <input type="checkbox"/> Fit it / Maintenance | <input type="checkbox"/> Clerical Support |
| <input type="checkbox"/> Couponing | <input type="checkbox"/> Special Events/Fundraising |

Special Skills or Qualifications / Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports: _____

Previous Volunteer Experience / Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Medical Information you would like ECO to be aware of: _____

Photo Release

Name (please print): _____

____ Check here if you would like ECO to not use your photo in any publication.

Or read and sign below:

I hereby give my consent for Edgerton Community Outreach, Inc. to use my photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below.

Signature: _____ Date: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Background checks release:

I give my permission to Edgerton Community Outreach (ECO) to do a Wisconsin Circuit Court Access and National Sex Offenders Public Website Check. ECO is required to conduct a background check on all staff and volunteer due to working with vulnerable populations. This information will be kept confidential.

Please print your full name including middle name: _____

Date of birth: _____

Any other Names including Maiden Name: _____

Signature: _____ Date: _____