

VOLUNTEER

APPLICATION FORM

the rainbow project inc.

Child & Family Counseling & Resource Clinic

831 EAST WASHINGTON AVENUE

MADISON, WI 53703

— PLEASE PRINT —

DATE OF APPLICATION _____ (MM/DD/YEAR)

NAME _____

DOB _____ (MM/DD/YEAR)

MAILING ADDRESS

(street address)

(city, state, zip code)

TELEPHONE NUMBERS

WORK _____

CELLULAR _____

HOME _____

FAX _____

EMAIL ADDRESS _____

NAME OF EMPLOYER _____

EMPLOYER'S MAILING ADDRESS

(street address)

(city, state, zip code)

WHERE DID YOU HEAR ABOUT THE RAINBOW PROJECT?

EDUCATION

NAME OF HIGH SCHOOL _____

HIGH SCHOOL GRADUATION DATE _____ (MM/YEAR)

NAME OF COLLEGE _____

COLLEGE GRADUATION DATE _____ (MM/YEAR)

DEGREE _____

BACKGROUND

HAVE YOU EVER PLEADED GUILTY TO OR BEEN CONVICTED OF A MISDEMEANOR OR FEALONY?

Yes No

IF YOUR ANSWER TO THE ABOVE QUESTION IS "YES," PLEASE PROVIDE FURTHER INFORMATION AS TO THE OFFENSE/S, DATE/S, LOCATION/S OF COURT/S, ETC. BELOW.

IF THE VOLUNTEER POSITION YOU ARE APPLYING FOR REQUIRES YOU TO OPERATE A MOTOR VEHICLE, PLEASE LIST ALL TRAFFIC CONVICTIONS BELOW.

INTERESTS

PLEASE CHECK THE FOLLOWING AREAS OF INTEREST (CHECK ALL THAT APPLY).

Clerical

PLEASE LIST ANY PREVIOUS EXPERIENCES WITH CHILDREN/FAMILIES WITH SPECIAL NEEDS BELOW.

PLEASE LIST ANY OTHER CLERICAL QUALIFICATIONS BELOW.

Childcare

PLEASE LIST ANY PREVIOUS EXPERIENCES WITH CHILDREN/FAMILIES WITH SPECIAL NEEDS BELOW.

PLEASE LIST ANY OTHER CHILDCARE QUALIFICATIONS BELOW.

Other (e.g. administrative, clinical, consultation, facility maintenance & repairs, computer & other technological support, etc.)

PLEASE LIST ANY PREVIOUS EXPERIENCES RELATED TO THE VOLUNTEER DUTIES BELOW.

PLEASE LIST ANY OTHER QUALIFICATIONS BELOW.

CERTIFIED STATEMENT

I CERTIFY THAT I HAVE NEVER BEEN CONVICTED OF CHILD ABUSE OR CRIMES OF SEXUAL MORALITY AGAINST CHILDREN AND UNDERSTAND SUBJECT BY LAW A BACKGROUND CHECK WILL BE COMPLETED.

SIGNATURE _____

FOR OFFICE USE ONLY

INTERVIEW DATE _____ (MM/DD/YEAR)

INTERVIEWED BY _____

COMMENTS

START DATE _____ (MM/DD/YEAR)

END DATE _____ (MM/DD/YEAR)