



# VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male

### **Education and Experience**

Please circle last grade completed: College:  
1 2 3 4 5 6 7 8 9 10 11 12    1 2 3 4 please list major & degree(s): \_\_\_\_\_

Please list any relevant experience, training, certifications, skills, other languages, or strengths that you will bring to a volunteer position: \_\_\_\_\_  
\_\_\_\_\_

**Availability & Season**      This application is for:    School Year    Summer

### **What is your time commitment?**

2+ days/week     2+ hrs/week     1-2 hrs/week     1 time events or less than 1 hr/wk

### **What is your availability?**

Day	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
<b>Time</b> Example: 2:00- 4:00 pm							

**What will be your primary mode of transportation?**     Car     Bike     Bus

**Areas of Interest** - Please check all the areas in which you would be interested in volunteering.

- Safe Haven Childcare
- General Office
- Academic Tutoring
- Camps
- Soccer
- Pontoon Boats
- Down-Hill Skiing
- Water Walking

- Population:
- Elementary School
  - Middle School
  - High School
  - Students with disabilities
  - Adults with disabilities
  - Seniors

- Do you prefer to work:
- one-on-one
  - with a group

- Location Preference:
- East Side
  - West Side
  - Meadowood Community Center

### **Requirements (if applicable)**

Do you need to work with a specific population/program (students with disabilities, ESL, etc.) \_\_\_\_\_

How many total hours would you like/need to volunteer? \_\_\_\_\_

When do these hours need to be completed by? (if applicable) \_\_\_\_\_

What else do you need from MSCR (i.e. evaluation completed, record of hours, etc)? \_\_\_\_\_

*MSCR volunteer assignment is subject to a successful criminal records check, available online at [www.mscr.org](http://www.mscr.org)*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send to: Michelle Graves, MSCR, 3802 Regent Street, Madison, WI 53705 or fax to: 608-204-0557  
or email to: [mmoe@madison.k12.wi.us](mailto:mmoe@madison.k12.wi.us)

<b>Office Use Only:</b> Rec'd _____ Entered _____ Submitted _____ Cleared _____ Ref'd. _____
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