

# VOLUNTEER CENTER OF RACINE COUNTY ENROLLMENT FORM

6216 Washington Ave., Suite G, Racine, WI 53406

Phone: 262-886-9612 Fax: 262-886-9632 Email: volunteer@volunteercenterofracine.org

**General Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please select your age group:  Under 18  18-54  55+

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Ph. No: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Gender:**

Male   
Female

**Ethnic Group:**

African American  White  
 Asian  Hispanic or Latino  
 Native American  Other \_\_\_\_\_

**Physical or Medical Limitations that need to be considered in your volunteering:** \_\_\_\_\_

**Skills: Please check one or more that may apply to you**

<input type="checkbox"/> Administrative/Office Duties	<input type="checkbox"/> Driving	<input type="checkbox"/> Medical Care	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Baking/Crafts	<input type="checkbox"/> Electronic Repair	<input type="checkbox"/> Mentoring/Counseling	<input type="checkbox"/> Safety/Emergency Mgmt./CERT
<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Finance/Marketing	<input type="checkbox"/> Photography	<input type="checkbox"/> Teaching/Tutoring
<input type="checkbox"/> Carpentry/Repair	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Planning/Organizing	<input type="checkbox"/> Veteran Support
<input type="checkbox"/> Computer/Technical	<input type="checkbox"/> Gardening	<input type="checkbox"/> Emergency Communications/HAM Radio	

**Areas of Interest: Please check one or more that may apply to you**

<input type="checkbox"/> Animals	<input type="checkbox"/> Disaster Response	<input type="checkbox"/> Homeland Security
<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Elderly Service and Protection	<input type="checkbox"/> Homeless Shelters
<input type="checkbox"/> Child Care and Child Protection	<input type="checkbox"/> Environment	<input type="checkbox"/> Special Events
<input type="checkbox"/> Correctional Centers	<input type="checkbox"/> Food Collection and Distribution	<input type="checkbox"/> Transitional Shelters

**Please indicate the time you are available to volunteer:** \_\_\_\_\_

The Volunteer Center provides opportunities for you to volunteer at a variety of special events and projects in the community. Would you like to be on our list to be contacted as these volunteer opportunities become available?

Yes  No  Do you prefer to be contacted by phone \_\_\_\_ or email? \_\_\_\_\_ Best time to call? \_\_\_\_\_

Do you give permission for us to provide your address to agencies for thank you notes?  Yes  No

Do you give permission for photos of you volunteering to be taken and used in media?  Yes  No

Do you give permission for a background check - to work w/Children, in our office  Yes  No

How did you hear about the Volunteer Center of Racine County?

Walk-In  Newspaper  Friend/Relative  Phonebook/Yellow Pages  Other \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attention Volunteers 55 and Over:

If you are retired; please share name of company from which you retired:

\_\_\_\_\_

Any skills you would like to put to use volunteering: \_\_\_\_\_

\_\_\_\_\_

For Mileage reimbursement and supplemental automobile and liability insurance, please fill out the following:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Auto Insurance Company: \_\_\_\_\_

Beneficiary for RSVP Supplemental Insurance:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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