

VOLUNTEER CENTER OF RACINE COUNTY, INC. 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 or skills not listed above:

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 the name of the company from which you retired:

For the RSVP federal, no-cost, supplemental accident and liability insurance please indicate a beneficiary. Please note that this is a limited policy, and it is not meant to replace your personal insurance or deductible payments.

If you wish to decline this benefit, please check here: _____

Beneficiary for RSVP Supplemental Insurance:

Name: _____ Relationship: _____

Address: _____ Phone: _____

For Mileage reimbursement, please fill out the following:

Driver's License #: _____ State: _____ Exp. Date: ____/____/____

Auto Insurance Company: _____