



VOLUNTEER APPLICATION FORM

Date of Application: _____

Name: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Address: _____

Email: _____

Employer: _____

Business Phone: _____

How did you hear about Advocates of Ozaukee? _____

Please describe your volunteer experiences: _____

What personal growth do you hope to achieve through your volunteer experience? How do you think your personal needs will be met?

List experiences either from your personal life, other volunteer work, or professional work that are related to advocacy, counseling, or dealing with crisis situations.

Which volunteer opportunities interest you?

- Children's Support Group
- Crisis Phones
- Donation Organizing
- Donation Pickup
- Childcare
- Homework Help
- Transportation
- Landscaping/Maintenance
- Fundraising
- Special Events
- Professional
- Other _____

Please list two people as references that we may contact:

Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Please return your application at your earliest convenience to:

Volunteer Manager

P.O. BOX 80166

Saukville, WI 53080

Or e-mail to: volunteerdir@advocates-oz.org