

Central Wisconsin Community Action Council, Inc.

1000 Hwy 13
P.O. Box 430
Wisconsin Dells, WI 53965



PHONE: (608) 254-8353
FAX: (608) 254-4327
Email - donna@cwcac.org

Volunteer Application

Which program are you assisting with:

_____ Adams _____ Beaver Dam _____ Rio _____ Wis. Dells

Please Print

First Name..... Last Name

Address..... City/State/Zip.....

Telephone..... Birthday: Month _____ Day _____

Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Former Work/Occupation.....

Most recent employer (optional).....

List previous volunteer experience:

.....
.....
.....

Languages Fluent Read Write

1.....

2.....

Volunteer Availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Number of Days per month: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday No Preference

Transportation: (How you will get to your assignment)

Walk Taxi/Car Svc Car (own)

(Revised 3/5/19)

AN EQUAL OPPORTUNITY EMPLOYER

ADAMS COUNTY
1874 Hwy 13
PO Box 647
Friendship, WI 53934
(608) 339-0273



COLUMBIA COUNTY
203 DeWitt Street.
Portage, WI 53901
(608) 742-3320

DODGE COUNTY
134 South Spring Street
Beaver Dam, WI 53916
(920) 885-9559

JUNEAU COUNTY
534B LaCrosse Street
PO Box 253
Mauston, WI 53948
(608) 847-1124

SAUK COUNTY
505 Broadway
Job Center, 2nd Floor
Baraboo, WI 53913
(608) 355-4812

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Are you prevented from lawfully becoming employed in this country because of visa or immigration status?YesNo

Are you able, with or with accommodation, to perform the assigned duties of the job?YesNo

Please describe the reasonable accommodation(s) you request that would enable you to perform the job:

.....
.....
.....

In an emergency, notify:

First Name..... Last Name.....

Address..... City/State/Zip.....

Telephone.....

***By signing below, I authorize and consent to:**

- a. CWCAC, Inc. conducting a criminal background screening (CCAP); and if requested to drive a motor vehicle on behalf of CWCAC, I authorize and consent to CWCAC, Inc. validating my drivers' license and record with the Wisconsin Department of Motor Vehicles.**
- b. Volunteers hereby agree to serve any client regardless of race, sex, creed or national origin and to keep all clients' information confidential.**

.....
(Signature/Volunteer)

.....
(Date)



Central WI Community Action Council, Inc.

Background Check Authorization Form

I authorize Central WI Community Action Council, Inc. to conduct a criminal background screening.

I authorize and consent, without reservation, to the retrieval of information from CCAP.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge. I understand that if any statements or answers are found to be false or information has been omitted, such false statements or omissions will be just cause for termination of my employment/volunteer term.

I further acknowledge that this authorization and consent will remain in effect throughout my employment/volunteer term.

Date: _____ Signature: _____
SSN: _____ Printed Name: _____
DOB: _____ First Middle Last

The following authorization is required for employees/volunteers who may be requested to operate a motor vehicle on behalf of CWCAC, Inc.:

_____ I authorize CWCAC, Inc. to validate my drivers' license and record with the Wisconsin Department of Motor Vehicles.

Please provide:

Driver's License Number State of License Expires On

Note: The above information will be used as identification purposes only in obtaining information to perform the background investigation.