

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@cwac.org

WISCONSIN DELLS/LAKE DELTON FOOD PANTRY VOLUNTEERS

Thank you for your interest in volunteering with the Wisconsin Dells/Lake Delton Food Pantry! We welcome individuals, families, groups, and organizations, and offer a variety of meaningful ways to get involved. Our volunteers play a vital role in ensuring our neighbors receive food with dignity and care.

Volunteer responsibilities on distribution days may include:

- **Sorting & Packing:** Inspecting food for quality, sorting items, and packing boxes or bags
- **Client Assistance:** Loading food into patrons' vehicles and providing friendly, respectful service
- **Stocking & Organization:** Shelving items, organizing inventory, and helping maintain a clean, safe space

If this sounds like a good fit, we'd love to have you join our team! Ideal volunteers bring:

- A friendly, compassionate attitude
- The ability to work well with others
- The ability to lift and carry boxes of varying weights
- The ability to stand for extended periods
- A willingness to work outdoors in a variety of weather conditions

Your time and effort truly make a difference in our community—we're grateful for your support!

AN EQUAL OPPORTUNITY PROVIDER

ADAMS COUNTY
1874 Hwy 13
PO Box 647
Friendship, WI 53934
(608) 339-4900
FAX: (608) 339-9400



COLUMBIA COUNTY
203 DeWitt Street
Portage, WI 53901
(608) 742-3320
FAX: (608) 742-0984

DODGE COUNTY
134 South Spring Street
Beaver Dam, WI 53916
(920) 885-9559
FAX: (920) 885-9589

JUNEAU COUNTY
534B La Crosse St
PO Box 253
Mauston, WI 53948
(608) 847-1124
FAX: (608) 847-3009

SAUK COUNTY
Job Center, 2nd Floor
505 Broadway St
Baraboo, WI 53913
(608) 355-4812
FAX: (608) 355-4816

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FOOD PANTRY VOLUNTEER APPLICATION

All information is confidential

PERSONAL INFORMATION

PLEASE DO NOT WRITE IN SHADED AREAS			Entry Date:
FIRST NAME		LAST NAME	
MAILING STREET ADDRESS or PO BOX	CITY	STATE	ZIP CODE
PHONE NUMBER	DATE OF BIRTH (mo/day/year)		
WHICH FOOD PANTRY ARE YOU INTERESTED IN VOLUNTEERING? <input type="checkbox"/> Adams Food Pantry <input type="checkbox"/> Beaver Dam Food Pantry <input type="checkbox"/> John Atkinson Rio Area Food Pantry <input type="checkbox"/> Wisconsin Dells Food Pantry			
EDUCATION (highest level completed) <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 11-12 <input type="checkbox"/> College <input type="checkbox"/> Business <input type="checkbox"/> Graduate School <input type="checkbox"/> Technical/Vocational			
FORMER WORK/OCCUPATION			
MOST RECENT EMPLOYER (optional)			
LIST OF PREVIOUS VOLUNTEER EXPERIENCE			
LANGUAGES (Fluent, Read, Write)			
VOLUNTEER AVAILABILITY (circle all that apply) 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 will you arrive to volunteer) <input type="checkbox"/> Walk <input type="checkbox"/> Car (own) <input type="checkbox"/> Taxi			
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able, with or with accommodation, to perform the assigned duties of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please describe the reasonable accommodation(s) you request that would enable you to perform the job:			

EMERGENCY CONTACT INFORMATION

FIRST NAME	LAST NAME		
MAILING STREET ADDRESS or PO BOX	CITY	STATE	ZIP CODE
PHONE NUMBER			

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 keep all clients information confidential.

(Signature/Volunteer)

(Date)



Central Wisconsin Community Action Council, Inc

Background Check Authorization Form

I authorize Central Wisconsin 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: _____
First Middle Last

DOB: _____

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

_____ I authorize CWCAC, Inc. to validate my driver's 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.