



1457 E. Washington Avenue
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www.canopycenter.org

Volunteer Application

Name: Last: _____ First: _____ Middle: _____ Date: _____

Date of Birth: _____ mm/dd/yyyy Email Address: _____

Cell phone #: _____ Other phone #: _____ Home Work

Address: _____ City _____ State _____ Zip _____

Occupation/Employer: _____

Emergency Contact: _____ Ph # 1: _____ Ph # 2: _____

Have you in the past or do you use any names other than the one listed on this application? Yes No

If yes, please list here (Include maiden name) : _____

Have you resided in any state besides WI in the past 5 years? Yes No If yes, please list here: _____

Volunteer Interests (Check all that apply):

F.U.N. SUPPORT GROUPS:

- (Wednesdays 6-8:15pm)
- Parent
- Spanish-Speaking Parent
- Teen
- Youth
- Young Children
- Infants and Toddlers

Other Opportunities:

- Childcare Tues. 5:30-7:15pm
- Childcare Thurs. 5-7:15pm
- Meal Prep Wed. 4:30-6:30pm
- Parent Stressline
- Office Support
- Fundraising
- Other:

OASIS SEXUAL ABUSE TREATMENT GROUPS:

- Adult Group Tue. 5:30-7p
- Teen Group Tue. 5:30-7p
- Youth Group Tue. 5:30-7p
- Adult Group Thu. 5:30-7p
- Teen Group Thu. 5:30-7p
- Youth Group Thu. 5:30-7p
- Spanish-Speaking Groups

1. How did you hear about us? _____

2. Have you had any experience that relates to child abuse? Yes No
If yes please explain: _____

3. Please describe any experience that you have had with severe stress or crisis.

4. Please describe any previous experience or training that relates to the volunteer position for which you are applying:

5. What hobbies, interests, special talents or training can you bring to this position?

6. Please complete this sentence:
"When I think of an abusive parent I _____"

7. Do you speak any languages aside from English? Yes No Please list: _____

8. What mode of transportation would most often be available to you? Car Public Transportation

9. When are you available to start? _____

Please list three references. At least one should be of a professional nature. **Email addresses are preferred.**

1. Reference Name: _____ Phone: _____

Relationship: _____ Email: _____

2. Reference Name: _____ Phone: _____

Relationship: _____ Email: _____

3. Reference Name: _____ Phone: _____

Relationship: _____ Email: _____

By signing this form, I authorize Canopy Center to proceed with a background check and to check my references (required of every staff member and volunteer.) I certify that all of the above information is true and correct to the best of my knowledge. (Printing your signature electronically will be considered the same as a hand-written signature.)

Signature _____ Date _____

**Thank you for taking the time to complete this application!
Our Volunteer Coordinator will be contacting you soon.**

OPTIONAL INFORMATION

Organizations that provide funding for our programs occasionally request demographic information about our volunteers. Answers to the following questions would be helpful, but not required. Any information you provide **will not** be used to determine your suitability as a volunteer.

Your Gender: Male Female **Your Age:** Under 18 18-59 60+

Your Race/Ethnicity: White Black Hispanic Native American
 Asian/Pacific Islander Multi-Race

Do you consider yourself to be a "person with disability" (physical or mental impairment which substantially limits one or more major life activities)? Yes No