



2120 Fordem Ave. Suite 110 Madison, WI 53704 phone 608.241.4888 fax 608.241.4825 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):

- CHILDCARE: Tues. 5:30-7:15pm, Thurs. 5-7:15pm
MEALS (Serve & Clean Up) Mon. 5:15-7pm, Wed. 5:15-7pm
PARENT STRESSLINE
F.U.N. SUPPORT GROUPS: Parent Group Mon. 6-8:45pm, Parent Group Wed. 6-8:45pm, Teen Group Mon. 6-8:45pm, Teen Group Wed. 6-8:45pm, Youth Group Mon. 6-8:45pm, Youth Group Wed. 6-8:45pm, Young Children Mon. 6-8:45pm, Young Children Wed. 6-8:45pm
OASIS SEXUAL ABUSE TREATMENT GROUPS: Adult Group Tue. 5:30-7p, Adult Group Thu. 5:30-7p, Teen Group Tue. 5:30-7p, Teen Group Thu. 5:30-7p, Youth Group Tue. 5:30-7p, Youth Group Thu. 5:30-7p
OFFICE SUPPORT

- 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