



Applicant's name:		Date of Birth (MM/DD/YY):	
Mailing Address:		City:	State/Zip:
Preferred Phone (home/mobile): ()		Alternate (work/mobile): ()	
Email:		Professional License #:	
Emergency Contact:		Phone:	Relation:

Please check the areas that you are interested in volunteering for:

COMMITTEE MEMBER

What Committee are you interested in volunteering on?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Community Impact & Grants | <input type="checkbox"/> Volunteer, Business, & Community Relations | <input type="checkbox"/> Partner Agency Relations | <input type="checkbox"/> Marketing & Development |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Fundraising & Events | <input type="checkbox"/> Governance | <input type="checkbox"/> Strategic Planning |

Why do you want to join the selected Committee(s)?

What skills and resources will you bring to the selected Committee(s)?

NON-COMMITTEES

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Data entry | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Thank you notes | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Events Volunteer |
| <input type="checkbox"/> Outreach Advocacy | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Social Media | <input type="checkbox"/> Website Updates |
| <input type="checkbox"/> Other: _____ | | | |

Do you speak/read Spanish? Yes ___ No ___ Additional Languages _____

Availability: Weekly _____ Twice monthly _____ Monthly _____ Other: _____

AUTHORIZATION & RELEASE I certify that the information I have provided is complete & accurate to the best of my knowledge. I release from any liability representatives of the United Way of Walworth County (UWWC) for their acts in connection with evaluating my application, references and credentials. I understand that the position I am applying for is voluntary and for which there will be no monetary compensation. I authorize UWWC and/or their agent to investigate my background including my professional, criminal and driving history and hereby release said information to them. I further release and discharge from liability UWWC, their agents, employees, officers and other persons from all liability arising from the investigation or disclosure of the requested information, as well as those companies, agencies, officials, officers, employees and other persons, who in good faith provide this information to UWWC and/or its agents. I will allow a photocopy of the authorization to be as valid as the original.

Signature _____

Date _____

Complete and return to:

EMAIL: director@unitedwaywalworth.org or

MAIL: United Way of Walworth County ATTN: Volunteer Coordinator; P.O. Box 202, Lake Geneva, WI 53147