



Volunteer Application
Housing Partnership of the Fox Cities
605 E. Hancock St. Appleton, WI 54912
Phone: (920) 731-6655 Fax: (920) 731-7087

Name _____ Birthday (mm/dd) _____
(First) (Last) (M.I.)

Address _____
(Street) (City) (State) (Zip)

Phone _____
(Home) (Cell) (Work)

Email _____ Best way to contact you? _____

Place of employment/school _____

If retired, previous occupation & place of employment _____

When are you available? (Check times)

	Mon	Tues	Wed	Thurs	Fri	Sat
8 A.M. - 12 P.M.						
12 P.M. - 4 P.M.						

How often are you interested in volunteering? (Circle one) One time Occasionally Monthly Weekly

How did you hear about volunteering with Housing Partnership? _____

Please describe your past (& present) volunteer experience _____

What is your volunteer interest?

___ Helping at the Housing Partnership office (attend front desk, greet visitors, direct calls, etc.)

___ Serving on a Housing Partnership committee

Do you have an idea of which one? _____

___ Donating professional expertise in the field of _____

___ Improving and maintaining Housing Partnership homes

(A wide variety of tasks including painting, repairing, cleaning, landscaping, basic electrical and plumbing work, snow removal, drywall, carpeting, cabinetry, etc.)

Do you have transportation to get to and from worksites? Yes No

Emergency contact _____ Relationship _____

Cell phone _____ Home phone _____ Work phone _____

Allergies or medical conditions that may affect your health while volunteering? _____

Note: All volunteers will be required to sign a confidentiality agreement and release from liability before beginning their volunteer experience.

Signature

Date