

Circles of Support Volunteer Application

Return volunteer application to:

Circles of Support Coordinator: John David - CCFA, P.O. Box 1211, La Crosse, WI 54602-1211, or email document to lacrosse.cos@gmail.com.

Please complete the application below. We will be in touch with you regarding your application within two weeks of submission. Feel free to call or email with questions as they arise. We perform a background check to be sure all participants are safe and unthreatening.

I. Volunteer Information

Last name: _____ First name _____ Middle initial _____
Other names used _____ DOB _____ Gender: M or F
Address _____ City _____ ST _____ Zip _____
Home and/or cell phone #s _____ - _____ - _____ / _____ - _____ - _____
Email address _____
Referred by, if applicable: _____

II. Education and Employment History

(Select highest grade completed)

- High School
- Some college
- Vocational or Technical training
- College major: _____
- Graduate school Degree: _____

List any certifications, licenses, or other special skills _____

III. Employment

If unemployed, please explain _____

Current employer _____ Phone # _____

Address _____ City _____ ST _____ Zip _____

Start Date _____ Position _____ Supervisor _____

What hours/days do you typically work? _____

May we contact this employer? Y or N

2)

Previous or other employer _____ Phone # _____

Address _____ City _____ ST _____ Zip _____

Start Date _____ Position _____ Supervisor _____

What hours/days do you typically work? _____

May we contact this employer? Y or N

3)

Previous or other employer _____ Phone # _____

Address _____ City _____ ST _____ Zip _____

Start Date _____ Position _____ Supervisor _____

What hours/days do you typically work? _____

May we contact this employer? Y or N

IV. Other Experiences

Volunteer:

Hobbies, clubs/organizations, athletics, etc.:

What attracted you to volunteer with COS?

What do you hope to offer, and to gain?

V. What days/times would you be available for a one hour weekly commitment?

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Do you have any other circumstances in general which might affect the quality or frequency of your volunteering? If yes, please explain:

VI. References

List two persons who are not related to you that you've known for at least one year, and would be willing to give a work-related reference on your current or past work performance. Please fill in complete name, address, or email address. Letters will be mailed/emailed to each of these references.

1.
Full name _____ Relationship _____ Years known _____
Address _____ City _____ ST _____ Zip _____
Home, work, cell phone #s (2) _____ - _____ - _____ / _____ - _____ - _____
Email address _____

2.
Full name _____ Relationship _____ Years known _____
Address _____ City _____ ST _____ Zip _____
Home, work, cell phone #s (2) _____ - _____ - _____ / _____ - _____ - _____
Email address _____

IMPORTANT:

Answers to any of the above questions that may seem negative will not automatically disqualify your application. As an agency committed to preserving the integrity of the Circles of Support (COS) program, these areas must be explored and are not intended to offend or invade the privacy of the applicant. All information is confidential and will only be viewed by, or shared with the leadership of the COS program.

My signature below hereby certifies that all of the above statements are true to the best of my knowledge. I understand that any misrepresentation may justify my dismissal from the Circle of Support program.

I understand and agree that any and all knowledge or information obtained in the course of my work with the COS program, with respect to the conduct and details of the participant and other volunteers, will be forever held inviolate. I understand and agree that I will not impart the knowledge and information shared within the circle outside of COS policy.

I understand, and personally assume all responsibility for the volunteer relationships between myself and the other circle members and participants. I agree to hold the Circles of Support program, Compassionate Community Faith Alliance, the County Sheriff's Department and Jail, and the State Department of Corrections harmless for any actions of a participant, other member, or myself.

Signed _____ Date _____