

VOLUNTEER APPLICATION



Name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Occupation: _____ Birthdate (optional): _____

What Meal Site Location are you interested in volunteering at?

Appleton

Oneida Heights Apartments
525 N. Oneida Street
Monday - Friday 11:30 AM

Kaukauna

Streets, Parks and Recreation Building
207 Reaume Avenue
Monday - Friday 11:30 AM

Hortonville

Village Municipal Building
531 N. Nash Street
Monday - Friday 11:30 AM

Seymour

City Municipal Building
328 N. Main Street
Monday - Friday 11:30 AM

Appleton

Thompson Center on Lourdes
2331 E. Lourdes Drive
Tuesday- Thursday 12:00 Noon

Employment/Educational Background:

Volunteer Experiences (List Date and Organization):

Access to a computer: Yes No

Special Interests/Hobbies:

Why Do You Want to Volunteer for the Nutrition Program?

Volunteer Time Involvement Desired (Circle All that Apply): Daily Weekly Monthly Substitute

Preferred Days: Monday Tuesday Wednesday Thursday Friday

Emergency Contacts:

1. Name: _____ Relationship: _____
Phone Number: _____
2. Name: _____ Relationship: _____
Phone Number: _____

As a Volunteer for the Outagamie County Nutrition Program, I agree to the following:

1. Receive volunteer orientation and training on Outagamie County Nutrition Program policies and procedures.
2. Watch the volunteer training video(s) at <https://www.outagamie.org/government/departments-f-m/health-human-services/aging-and-long-term-support/nutrition-program> > Meal Site Volunteer Opportunities and Trainings.
3. Be faithful in meeting volunteer schedule obligations and required record keeping.
4. Call Meal Site Manager or Volunteer Coordinator when unable to fulfill my volunteer responsibility or must discontinue volunteer service.
5. Respect confidentiality.
 - a. The Outagamie County Department of Health & Human Services maintains strict confidentiality to all service participants. Confidentiality is based on respect for the participants as well as the law. All

volunteers are bound by confidentiality laws, a violation is both illegal and unethical. Information will be shared with you for the purpose of carrying out your role as a volunteer and may not be discussed or disclosed to anyone while you are working with participants or after the relationship is terminated, including other volunteers. If you discover something you feel is important to the safety of a participant, you should report it immediately to the Meal Site Manager and Volunteer Coordinator.

6. Not use alcohol or be under the influence of alcohol or any drug while on volunteer assignment.
7. Notify the Volunteer Coordinator if there are any changes to this application that may affect my role as a volunteer.
8. Submit a Background and Records Check to the Volunteer Coordinator every four (4) years. The Nutrition Program maintains the right to approve, deny, or suspend any volunteer activities at its discretion pending background checks, or once approved, for any inappropriate behavior.

I understand that falsification of this application constitutes ground for rejection or termination as a volunteer with the Outagamie County Nutrition Program.

Applicant Signature:

Date: