

RADD

Recreational Activities for the Developmentally Disabled

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Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____)-____-____ Cell Phone: (____)-____-____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

Are you a student? Yes _____ No _____ Date of Birth: _____

What school are you attending? _____

What grade or year are you in? _____

Have you done volunteer work at another nonprofit? Yes _____ No _____

If yes, where and what did you do?

What type of work would you like to do here? Please check any and all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Web Design | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Statistics / Graphs and charting | <input type="checkbox"/> Sports | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Light Construction | <input type="checkbox"/> Photography | <input type="checkbox"/> Misc. office work |
| <input type="checkbox"/> Work with Clients/ Programs | | |

What skills, training, or knowledge do you wish to utilize here?



Where did you hear about our agency?

When are you available to volunteer and for how long?

Time of day: _____ Day of Week: _____

Hours per week/month: _____ For how long: _____

Please provide 3 personal or professional references:

Name:	Phone Number:	Personal/Professional Relationship
1.		
2.		
3.		

I hereby attest that the above information is true to the best of my knowledge.

Signature

Date

If the applicant is chosen for volunteer work, they must complete the following

In case of emergency, please contact:

Name: _____ Phone: (H): (____)-____-____ (C): (____)-____-____

Medical information we should be aware of in an emergency (allergies, special medication, and/or conditions)
