



**Return volunteer application to:**

Danel Burchby  
 Community Circles of Support  
 1800 Appleton Rd.  
 Menasha, WI 54952  
 dburchby@goodwillncw.org

**I. Identifying Information:**

**Date:** \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's license # and expiration \_\_\_\_\_

<p><b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/>      <b>Date of Birth:</b>   /   /</p> <p><b>Race:</b> American Indian/Alaskan Native <input type="checkbox"/>   Asian <input type="checkbox"/>   Black/African <input type="checkbox"/>   Hispanic/ Latino <input type="checkbox"/></p> <p>Native Hawaiian/Pacific Islander <input type="checkbox"/>   White <input type="checkbox"/>   Other _____</p>
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**For Civil Rights Compliance Plan reporting, please fill in the gender, date of birth and race sections on this form.**

Referred to Circles by: \_\_\_\_\_

Community in which you wish to volunteer:

- Fond du Lac       Fox Valley       Green Bay       Oshkosh       Manitowoc

**II. Educational and Employment History:**

**Education**

High School: \_\_\_\_\_ Did You Graduate? No  Yes

College/Tech school: \_\_\_\_\_ Did You Graduate? No  Yes

If yes, please include your degree along with major/minor earned: \_\_\_\_\_

College & Advanced degree(s): \_\_\_\_\_

List any certificates, trade licenses, computer skills or other special skills: \_\_\_\_\_

**Employment**

May we contact your current employer? No  Yes       Previous employer? No  Yes

1. Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ What hours do you work: \_\_\_\_\_

2. Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**III. Other Experiences:** Volunteer Experience/Organizations participated with:

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**Reason you have chosen Circles to volunteer with:**

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**IV. Background Check Information:**

Yes  No I give permission for Goodwill NCW to perform a criminal background check on me, including local, state and federal records.

Yes  No I have criminal convictions or pending charges. If yes, please explain \_\_\_\_\_

Yes  No Are you currently on court or correctional supervision? \_\_\_\_\_

Please list any alias, maiden name, and/or former married name \_\_\_\_\_

**V. References**

List two persons who are not related to you, you have known at least one year and who are willing to give a work-related reference on your current or past work performance. Please fill in complete email address as letters will be emailed to each person.

1) Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

2) Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

**VI. Personal Information:**

Yes  No Do you have any circumstances in general which might affect the quality or frequency of your volunteering? If yes, please explain \_\_\_\_\_

Yes  No Are you currently working any program of recovery? If yes, please explain \_\_\_\_\_

Answering yes to the above questions is not an automatic disqualification. As an agency committed to preserving the integrity of the Circles Program, these areas must be explored and are not intended to offend or invade the privacy of the applicant.

My signature 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 Circles of Support.

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

I understand that I personally assume all responsibility for the volunteer relationships between myself and the other Circles members and participants. I agree to hold the Circle of Support, the Department of Corrections, and Goodwill NCW harmless for any actions of a participant, member or myself.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

**In case you should choose to transport someone, and/or to receive mileage compensation, we must also have your certificate of insurance on file.**