 **Volunteer Application**

**Of Fond du Lac County**

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| **Individual Information** | | | | |
| Name (First, Middle Initial, Last) | | Social Security Number | | Date of Birth |
| Address, City, State, Zip | | | | |
| Phone | Email | | Preferred Mode of Contact | |
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| **Affiliation** | | | | |
| * **I am a Thrivent member** (*We ask that you provide this information in response to a home grant provided to Habitat by Thrivent Financial)* * **I am a Habitat Home Owner** * **I am a student completing “Service Learning” community service hours** * **I am completing court ordered community service** * **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Areas of Interest** | | | | |

**Please let us know where you would like to help by checking all that apply.**

* **Customer Service**: work as either a cashier at the front desk greeting and checking out customers or as sales assistant helping customers with purchases, giving directions, and helping place heavy items in carts. Volunteers should have good communications skills.
* **Warehouse**: aid the warehouse staff with a wide variety of duties including disassembling unusable donations, refurbishing and repairing donations, and organizing and cleaning the building and grounds. Volunteers should be comfortable with lifting items up to fifty pounds.
* **Donations Pick Up and Delivery Team**: assist our donations procurement team by helping pick up donations and deliver sold goods. Volunteers should be comfortable with lifting items up to fifty pounds and drives must have a valid driver’s license.
* **Administration**: help out with organizational and clerical aspects of the ReStore by updating databases, working on web design, assisting with grant writing, and helping with marketing and fund raising strategies. Volunteers should be comfortable using a computer.

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| **Availability** |

**What type of volunteer project are you looking for? Short-term Long-term**

**How often would you like to volunteer? Weekly Every other week Once a month**

**Please fill in your weekly availability:**

Habitat ReStore is open Monday through Saturday 9:00 a.m. to 5:00 p.m. with shift options of 9 a.m. to 1 p.m. and 1 p.m. and 5 p.m.

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| --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
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| **Previous Volunteer Experience** |

**Describe your previous volunteer experience?**

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**Have you volunteered at a Habitat ReStore before? If so where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who recommended that you volunteer with the Habitat ReStore?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Emergency Contact** | | |
| Name | | Relationship |
| Home Phone | Cell Phone | Work Phone |

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| **Agreement and Signature** |

I hereby authorize Habitat for Humanity of Fond du Lac County and The Habitat ReStore (HFHFDLC) and a third party to perform a background screening check by contacting appropriate authorities on matters of public and non-public record including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by Applicant in writing. A background check is not only for the benefit of Habitat for Humanity of Fond du Lac County and The Habitat ReStore, but also for the benefit of employees and volunteers. All reports are confidential. Please read and initial each paragraph.

\_\_\_\_\_\_\_ I understand that in processing my volunteer application with Habitat for Humanity of Fond du Lac County, an investigative report may be conducted. Any such background check report may contain information bearing on criminal records and any data provided on this application or during the interview process.

\_\_\_\_\_\_\_ I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release, hold harmless, and indemnify them from any liability as a result of such inquiries or disclosures. I further understand and waive my right of privacy in this investigation and release, hold harmless, and indemnify Habitat for Humanity of Fond du Lac County, and its agent, third party, from any liability.

\_\_\_\_\_\_\_ An investigative report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" and state law to obtain a copy of this report by providing proper identification and directing a written request to Habitat for Humanity of Fond du Lac County at P.O. Box 2311, Fond du Lac, WI 54935.

\_\_\_\_\_\_\_ I hereby certify that all the statements and answers set forth on this application form are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or information has been omitted, such false statements or omissions may be cause for rejection or termination of my volunteer appointment or application.

\_\_\_\_\_\_\_ SAFETY INFORMATION: I WILL REPORT ANY INJURIES OCCURING ONSITE TO MY SUPERVISOR IMMEDIATELY! (Please note, it is also required that an accident report be completed if any accident, injury, or "near miss" occurs).

\_\_\_\_\_\_\_ PHOTO RELEASE: Habitat ReStore will occasionally take photos of our volunteers at work and special events. We may publish these photos on our website, in our newsletters or in other informational materials. Please contact a Habitat for Humanity of Fond du Lac County staff member if you prefer your photo not be taken.

Volunteer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**If volunteer is less than 18 years of age (a minor), a parent or guardian must sign this agreement.**

Signature of parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

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| **Volunteer Concealed Carry Weapons Policy** |

All volunteers are prohibited from carrying concealed weapons including handguns, electronic weapons (also known as Tasers), knives, and billy clubs during the course of the volunteer's participation as a volunteer; regardless of whether a volunteer is licensed to carry a concealed weapon by the State of Wisconsin or any other state whose concealed carry licenses are recognized by the Wisconsin Department of Justice.

The phrase "during the course of volunteer participation" is defined as any action you undertake on behalf of HFHFDLC as part of your volunteer duties or those actions you undertake at the request of HFHFDLC which may be in addition to your regular volunteer duties, all on and off-site HFHFDLC-sponsored events, all events which you attend as a volunteer representative of HFHFDLC regardless of whether the client or event site allows the concealed carry of weapons, and while traveling in a HFHFDLC vehicle. Volunteers are not prohibited from carrying a concealed weapon during the course of volunteer participation while in their personal vehicle. Once the volunteer who is acting during the course of volunteer participation exits the personal vehicle, however, the prohibition on carrying a concealed weapon is once again in effect.

HFHFDLC prohibits the concealed carry of weapons by any person on its premises. This includes all offices, work or build sites and any structures on work or build sites being used by or for HFHFDLC purposes, and any other areas, buildings or structures which are used for and during the course of, HFHFDLC's business, except that all persons, including volunteers, may carry a concealed weapon in personal vehicles in all parking lots and any area that is used for parking. HFHFDLC will post appropriate signs, as required by law, indicating that the concealed carry of weapons is prohibited.

It is expected that any volunteer who carries a concealed weapon in his/her personal vehicle which is parked on HFHFDLC parking lots or any area that is used for parking and/or in a personal vehicle during the course of his/her volunteer participation, will be licensed by the State of Wisconsin or by a state whose concealed carry licenses are recognized by the Wisconsin Department of Justice; and will be familiar with, and abide by, all laws of the State of Wisconsin relating to carrying a concealed weapon and/or conduct which is prohibited while carrying or using a weapon allowed to be carried under the Concealed Carry Weapons law. HFHFDLC will not inquire about a volunteer's Concealed Carry Weapons License; however, if the HFHFDLC discovers that a volunteer is carrying a concealed weapon without a license is in violation of this policy, the volunteer will be immediately asked to leave the worksite, structure or building, and will be reported to authorities if appropriate, and will no longer be able to participate as an HFHFDLC volunteer.

**Nothing in this policy is intended to violate or infringe upon the rights granted under Wisconsin's Concealed Carry Weapons law.**