



# Volunteer Application

Please return completed application to  
134 Wisconsin Ave. Waukesha, WI 53186  
OR  
[dsanchez@lacasadeesperanza.org](mailto:dsanchez@lacasadeesperanza.org)

## Personal Information

Name: \_\_\_\_\_  
Last First MI  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Multilingual: Yes/No If yes, which language: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you have any medical conditions you would like La Casa to be aware of? \_\_\_\_\_

## Commitment:

**When are you available to volunteer? Please check all that apply.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9am-2pm)						
Evening (4-9pm)						

**How many hours per week would you like to contribute? (circle one)**

1-3 hours

3-6 hours

6-9 hours

9+ hours

## **Interested Volunteer Position:**

\_\_\_\_\_ Tax Preparer      \_\_\_\_\_ Intake Screener      \_\_\_\_\_ Administrative/Clerical  
\_\_\_\_\_ Appointment Scheduler      \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**Current Employer/School:** \_\_\_\_\_

**Are you acquainted with a La Casa De Esperanza staff or volunteer? (circle one) Yes / No**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**How did you hear about this volunteer opportunity?**

\_\_\_\_\_

**Do you have certifications? (example EMT, CPR, First Aid, etc.)? Please list:**

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**Criminal Background Check:**

Have you ever been convicted of a crime? (circle one) YES / NO

If yes, please explain: \_\_\_\_\_

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(Conviction may not necessarily disqualify you from volunteering. We may conduct a criminal background check, and if you do not provide truthful information you could be rejected or terminated)

**Volunteer Waiver, Media Release, and Background Check**

I, the undersigned, certify that the above information is correct and complete to the best of my knowledge. I affirm that any effort on my part for the behalf or advancement of La Casa De Esperanza, Inc. is strictly on a volunteer basis. I do not expect or anticipate compensation in any form for my time and efforts from La Casa de Esperanza, Inc. Furthermore, I hereby waive the right to claim any compensation for any time or labors from La Casa de Esperanza, Inc. in the future.

I authorize without reservation La Casa De Esperanza, Inc. to release information requested regarding my service, character, and qualifications, and I release all such contacts from liability.

I do hereby give permission for my photograph to be used for promotional purposes for La Casa De Esperanza, Inc. Promotional materials included, but is not limited to, brochures, newspapers, and funding sources.

Because La Casa de Esperanza, Inc. is an organization that works with children and the public, I understand that La Casa De Esperanza, Inc. may do a background check with the State of Wisconsin. I understand, further, that La Casa de Esperanza, Inc. may be requesting information from various federal, state and other agencies that maintain records concerning my past activities relating to my driving, criminal, and other experiences. I understand that by completing this form La Casa de Esperanza, Inc. is not obligated to offer me a volunteer position.

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Volunteer Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

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

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Volunteer / Guardian Signature if under age 18 \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** All Volunteer positions require a volunteer application, volunteer orientation, standards of conduct certificate and must meet with the HR dept. before being put on the volunteer schedule. Some positions require additional certification. Free training and assistance is available.

<b>For Office Use</b>	
Background Check Completed _____	Date: _____
Verified Photo Identification _____	Date: _____