

ODM: Hsehold # _____ Individual # _____

7432 Hubbard Avenue, Middleton, WI 53562 / Phone 608.836.7338 / Fax 608.836.0799 / www.mompop.org

VOLUNTEER APPLICATION (PLEASE PRINT)

(All information given on this application is kept strictly confidential and NOT shared with outside sources.)

DATE: _____

First Name _____ Last Name _____

Maiden or Other Name: _____ Date of Birth(M/D/Y) _____

Street _____ City _____, WI Zip _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Best time to Reach You? _____ Which Phone: Home Work Cell

Email Address _____

Are you over 18? ___ Yes ___ No If not, signature from Parent/ Guardian _____

Do you have your own transportation? ___ Yes ___ No (NOTE: Currently, NO Bus Service exists to the Distribution Center.)

Ethnicity: (Please check one)

- | | |
|---|---|
| <input type="checkbox"/> White-Caucasian | <input type="checkbox"/> Black-African American |
| <input type="checkbox"/> Latino-Hispanic | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian-Pacific Islander | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> Other: _____ |

Place of Employment/Position _____

(Check with Human Resources to see if your workplace has a "corporate match" program, such as Corporate donations for volunteer hours or matched donations.)

Availability: Please indicate all times and hours that you are available, and star times that you would prefer. If applicable, please see reverse side for hours of program where you would prefer to volunteer.

	Indicate Times available below between 9:00am – 4:30pm:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Evenings: While most of our volunteer opportunities occur during the day, we do have some short term evening opportunities on occasion. Please check the Box Above if you might be available and note day availability below:

**I prefer to volunteer:
(check all that apply)**
___ Weekly
___ Every other week
___ Monthly

Work and Volunteer Related Experience/ Skills _____

Are you fluent in: ___ Spanish? ___ Russian? ___ French? ___ Other Language (Please indicate: _____)

Skills/Talents / Interests _____

Any Physical Limitations: _____ Lift 40 lbs Yes No Able to stand for 2 hours Yes NO

For reporting purposes ONLY, do you consider yourself to have a disability? Yes No

➔ TURN OVER TO COMPLETE PAGE 2 ➡

Office Use Only Assignment:

Program: _____ Shift: _____ Start Date/time: _____

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The following is a list of our program areas. Please be aware that most programs require a volunteer to be 15 years of age or older to work without a guardian. Some positions require ages 18 and older. Also, most activities occur during the day with the exception of some special projects.

- _____ **Clothing Closet** - Monday-Thursday, 10am –Noon OR Noon- 2pm and Friday-Saturday, 9-Noon.
- _____ **Data Entry** - Enter data into our database. Hours are flexible, but the day and time must be consistent.
- _____ **Distribution Center Reception** – Shifts: Monday-Thursday, 10am –Noon OR Noon- 2pm and Fri-Sat, 9-Noon.
- _____ **Food Pantry Client Host** – Shifts: Monday –Thursday, 10am – Noon OR Noon - 2pm; Friday-Saturdays, 9am-Noon.
- _____ **Food Pantry Inventory Support** – Shifts: Mon.– Thurs., 10-Noon OR Noon-2pm; or Friday - Saturday, 9am-Noon.
- _____ **Food “Rescue” Drivers** – Must have own transportation. Hours are determined in conjunction with Food Pantry Coord.
- _____ **Interpreter** – MOM has intermittent need for volunteers who can interpret and translate for us. Times are flexible.
- _____ **On-Call Substitute** – We get many requests for volunteer needs at the last minute **and** we need subs for our regular sites. Check here if you’re willing to be on the “On-Call” list for MOM! (*Office ONLY - Sub site: _____*)
- _____ **One Time Project Support** – MOM has various “seasonal” one-time only projects (such as School Supplies Drive) where volunteers are needed. These would mostly be daytime hours, but some evenings are available.
- _____ **Main Office Front Desk Reception** – Answer phones, greet clients, and assist staff with office projects at MOM’s Hubbard Avenue office. Shifts: Monday – Friday, 9-12 or 12-4:30.
- _____ **Project for Older People (P.O.P.)** – Hours are flexible. Check which you would like to help with:
_____ **Give Rides** _____ **Do Home Chores** _____ **Shopping** _____ **Friendly Visitor** _____ **Respite Caregiver**

How did you hear about MOM and our volunteer opportunities? (Please Check all that apply)

- _____ *MOM Website* _____ *United Way of Dane County Referred*
- _____ *Church is part of MOM (Which Church? _____)*
- _____ *I have been a MOM client (Approximate Dates active as client _____)*
- _____ *Other _____*

Background Check Permission and Confidentiality Agreement:

As a volunteer for Middleton Outreach Ministry, I agree to promote its basic mission and to abide by the MOM Code of Conduct for Volunteers (separate document). I also give my consent to Middleton Outreach Ministry for staff to perform a background check for the purpose of securing my eligibility to serve as a Volunteer to MOM/POP clients. I understand that all information will remain confidential, that only MOM staff will have access to it, and that it will only be used as it pertains to my volunteer relationship with MOM. Finally, I give my consent for Middleton Outreach Ministry, Inc., to use my photograph and likeness in its publications and website without specific identifying information other than my first name.

Signature _____ **Date** _____

Office Use Only for Background Check::

Check Date: _____ Who Initials: _____ RESULTS: WI CAP _____
WI SREG: _____

Call our Volunteer Director, at 826-3409, with any further questions. Or e-mail volunteercordinator@mompop.org
