



**NEIGHBOR TO NEIGHBOR (FIA) - WASHBURN COUNTY**  
Providing Hope through Service  
(715) 635-2252

# Volunteer Application

## Personal Information

**Today's Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (necessary for background check)

**Name:** (printed full legal name including middle) \_\_\_\_\_

*Name Preferred:* \_\_\_\_\_

**Permanent Address:**

\_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code)

**Seasonal Address:**

\_\_\_\_\_

**Which months do you reside in this area?** From \_\_\_\_\_ until \_\_\_\_\_

**Which address do you prefer we use if sending you mail?** Permanent / Seasonal (Please circle)

**Employment Status:** \_\_\_\_\_

## Contact Preferences

*Please contact me with possible volunteer opportunities in the following method(s):*

Preferred Phone # \_\_\_\_\_ Optional # \_\_\_\_\_

Preferred Email \_\_\_\_\_

Other \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(Name) \_\_\_\_\_ (Relationship to you) \_\_\_\_\_ (Phone Number/s) \_\_\_\_\_

## Preferred Volunteer Activity

Would you prefer assisting with: (please circle) an *on-going* need / a *one-time* need / or both?

What is motivating you to volunteer with our organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Creating a Good Match

What are your Hobbies/Interests:

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Please list any conditions for participant matches, for example: pet allergies, smoking, male or female preference, etc.

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### Location Preference

*Check all locations you wish to serve:*

- |                                      |                                     |   |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Birchwood   | <input type="checkbox"/> Shell Lake | <input type="checkbox"/> I can volunteer anywhere within Washburn County. |
| <input type="checkbox"/> Sarona      | <input type="checkbox"/> Minong     | <input type="checkbox"/> It depends on the service needed.                |
| <input type="checkbox"/> Spooner     | <input type="checkbox"/> Trego      |   |
| <input type="checkbox"/> Springbrook | <input type="checkbox"/> Chicog     |   |

### Activity Preferences

*Please indicate your top choices with a 1, 2 and 3 - Mark additional choices with "X"*

**Please note:** \* Some physical ability required

- |  |   |
|--|---|
| <input type="checkbox"/> Delivery of Stockbox (32lbs)*                         | <input type="checkbox"/> Check In/Reassurance Phone Calls |
| <input type="checkbox"/> Food pantry pick-up and delivery ( Thurs.)*           | <input type="checkbox"/> Friendly visits                  |
| <input type="checkbox"/> Grocery Grabbers pick-up and delivery (Tuesdays)*     | <input type="checkbox"/> Books on Rails                   |
| <input type="checkbox"/> Be a Guest Speaker for Coffee and Connections         | <input type="checkbox"/> Coffee and Connections support   |
| <input type="checkbox"/> Sip and Swipe (teaching basic tablet/computer skills) | <input type="checkbox"/> Seasonal Yard Clean-up*          |
| <input type="checkbox"/> Lawn Mowing   | <input type="checkbox"/> Snow Shoveling                   |

### Other ways to volunteer with our organization:

- |  |   |
|--|---|
| <input type="checkbox"/> Assist with events        | <input type="checkbox"/> Assist in office with large mailings |
| <input type="checkbox"/> Fundraising event support | <input type="checkbox"/> Involvement on Board of Directors    |

Do you want us to be aware of any limitations that might affect your ability to volunteer for specific tasks? If so, please describe here (this information is for office staff only and kept confidential):

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Additional Ideas/Skills or Comments

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### Personal References

*Please provide us with the contact information of three individuals you know.*

*Please include no more than one family member. Only include a work phone number for individuals with whom it is appropriate for us to contact at work.*

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

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

**Use of Personal Car**

*Please include the following information if you will be driving as part of your volunteer service.*

Type of vehicle you will be driving: \_\_\_\_\_

Required by the State of WI: Do you have liability insurance equal to or greater than the minimum limits of the State of Wisconsin and agree to keep that coverage on your auto while volunteering?  Yes  No

*Please bring your driver's license and auto insurance card to your volunteer interview to be photocopied.*

**Publicity/Photo Release**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize Neighbor to Neighbor - Washburn County to release my photo, video image, and/or information regarding my experiences with the Neighbor to Neighbor program for use in promotional materials, press releases, presentations and newsletters.  YES  NO

I prefer that:

- My complete name be used (Mary Smith)
- Only my first name be used (Mary)
- Only my initials may be used (M. S.)
- A different name or no name be used (Jane Doe)



Additional comments &/or limitations regarding publicity, including photos:

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Screening**

Every volunteer must submit to a criminal background check in order to ensure the safety of those we help. This information will remain confidential and will not be used for any other purpose or shared unless prior permission is given in writing. All information is kept in a secure, locked room and file cabinet. Your signature below indicates you understand and agree to this.

### Confidentiality

1. I understand and agree that in performing my duties as a volunteer, I must maintain and safeguard the confidentiality of both care receiver information and information I obtain through my activities as a volunteer with Neighbor to Neighbor - Washburn County.

Confidential data and information includes:

- Data or information which identifies a care receiver or their family
- participant's admission to or use of health care services and all information and records compiled or maintained by staff or me while providing service
- Neighbor to Neighbor - Washburn County policies, procedures, standards and materials.

2. I agree not to divulge, publish or otherwise make known to unauthorized persons or to the public any identifiable information which is obtained in the course of my services as a volunteer.

3. I understand that disclosure to Neighbor to Neighbor is beneficial to the participant and is not prohibited.

4. I recognize that unauthorized release of confidential information may result in legal penalties including possible fines or lawsuits by the participant or their family. As a volunteer, I understand that I may be terminated if I disclose confidential information without the participant's or their guardian's written authorization.

### Liability Coverage

**Negligence and general liability:** I understand that I have coverage for my activities as a volunteer for FIA-Neighbor to Neighbor - Washburn County, as long as I am acting within the scope of the FIA-Neighbor to Neighbor - Washburn County volunteer program.

**Bondability:** I understand that I am not bonded and that I should not handle money or property for the care receiver or the care receiver's family.

**Auto Insurance:** I understand that I must provide my own automobile insurance and that the coverage provided by FIA-Neighbor to Neighbor - Washburn County is excess auto insurance.

**I attest that, to the best of my knowledge, the information provided in my application is complete and accurate. I understand and agree to the statements on pages 3 & 4; use of personal vehicle, photo release, volunteer background screening, confidentiality and liability. It is my responsibility to ask if I do not understand.**

**Signature of Volunteer**

**Printed Name**

**Date**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If the person is under 18 years of age)

***If you have already scheduled your volunteer interview, please bring this form, your driver license and automobile insurance card with you to your appointment at our office.***

To make an appointment for your interview, please call us at (715) 635-2252.

Email: [fiawashburndirector@gmail.com](mailto:fiawashburndirector@gmail.com)

Our office is located at: N 407 Front Street - Suite 2  
Spooner, WI 54801

(The most direct entrance to our office, is through the rear of building with parking available in the Bowling Alley parking lot)