



***She opens her arms to low-income people and extends her hands to needy people.  
Proverbs 31:20***

**VOLUNTEER APPLICATION FORM**

**Mail to: PO Box 615  
Watertown WI 53094**

*Thank you for your interest in our organization. Haus of Peace encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, please complete this application. The information on this form will be confidential and help us find your most satisfying and appropriate volunteer opportunity.*

Name: (Please print) \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

How related to you: \_\_\_\_\_

Phone \_\_\_\_\_

Are you employed or retired? \_\_\_\_\_

Personal reference: Name: \_\_\_\_\_

Phone \_\_\_\_\_

Why do you want to volunteer at Haus of Peace? \_\_\_\_\_

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Please tell us about yourself \_\_\_\_\_

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Where have you volunteered before? \_\_\_\_\_

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Is this court-ordered community service? \_\_\_\_\_

-If yes, explain \_\_\_\_\_

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What days are you available:

Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thur \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

Time of day you are available.

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Are there any physical limitations?

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**Liability Waiver**

Your signature here acknowledges the following:

I acknowledge that my service to Haus of Peace is entirely voluntary. I release Haus of Peace, its directors, employees, volunteers, affiliates, and Board Members from any responsibility for any accident, injury, or health problem that is not the result of Haus of Peace’s negligence. I understand that I am volunteering at my own risk. I further agree that all my work is voluntary, and I am not eligible to receive any monetary payment or reward.

In the event of a medical emergency in which I am unable to decide whether to seek immediate medical treatment, such as calling an ambulance or being taken to the emergency room or urgent care, I give my permission to the Director of Haus of Peace or any volunteer to make the best decision regarding my immediate care.

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

**Consent for Confidential Background Check**

**Full legal Name: Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_

**List any other names used (including maiden name, nicknames, or any other first or last names)**

**Date of Birth:** \_\_\_\_\_

**Driver’s License #** \_\_\_\_\_

**Criminal Background**

Have you ever pled guilty or no contest to or been convicted of a felony, misdemeanor, or ordinance violation (other than minor traffic violations)? No \_\_\_\_\_ / yes \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Is any current criminal charge or investigation pending against you in any state?

NO \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

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**CERTIFICATION STATEMENT** (Read this carefully before signing)

All information provided above is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be a cause for rejection or subsequent dismissal as a volunteer or visitor of the Haus of Peace or its extensions. I voluntarily and knowingly authorize any government agency, its officers, employees, and agents to release all information regarding my criminal history to the Haus of Peace. I voluntarily and knowingly fully release claims, liability demands, causes of action, damages, or costs, including attorneys' fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.

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