



**Volunteer Application**  
**Violence Intervention Project, Inc.**  
**1405 Division Street**  
**Algoma, WI 54201-1431**  
**Office: 920-487-2111**  
**Fax: 920-487-2110**

**Personal Information**

<b>Name:</b>	<b>Date:</b>
<b>Home Address:</b>	
<b>City, State, ZIP:</b>	
<b>Home Phone:</b>	<b>Other Phone:</b>
<b>E-mail Address:</b>	

**Emergency Contact Person: Name, Address, Phone:**

1.
2.

**References: Name and Phone Number: (Direct Client Services Only)**

1.
2.
3.

**Have you been convicted or charged with any crimes? Yes \_\_\_ No \_\_\_**

**If you answered yes, please explain:**

\_\_\_\_\_

**Are you on probation? Yes \_\_\_ No \_\_\_**

**If so, how long? \_\_\_\_\_**

**Do you agree to have your picture taken while volunteering? Yes \_\_\_ No \_\_\_**

**Do you agree to have your name published for recognition? Yes \_\_\_ No \_\_\_**

**Please indicate your volunteer interests.**

**Direct Client Services:**

- Helpline
- Board
- Childcare/Support group assistant
- Office work (shredding, filing, database entry)
  - Cleaning
  - Organizing supply rooms
- Maintenance at our office
  - Renovations/painting
  - Landscaping/yard work
- Court Watch
- Operation Warm
- Adult Mentor to Teens
- Pet Transportation

**Non Direct Client Services:**

- Committees
  - Sexual Assault Awareness
  - Teen Dating Violence Awareness
  - Domestic Violence Awareness
  - Child Abuse Awareness
  - Fundraising
  - Marketing
- Events
  - Stamp Out Violence
  - Smokehouse Jamboree
  - Golf Outing
  - Poker Run
  - Distributing Flyers/posters

**By signing this application, you agree that all information is correct and up to date.**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**