



Application for Prevent Blindness Wisconsin Volunteers

Full Name (First, Middle Initial, Last): _____

Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Date of Birth: ____ / ____ / _____

Email: _____

I prefer to be contacted by (check all that apply): Home Phone Cell Phone
 Work Phone Email

Current Employer and Position: _____

Education:

High School Graduate Some College Bachelors Degree Graduate Degree

Volunteering Interests (check all that apply):

Preschool Vision Screening Adult Vision Screening
 School Age Vision Screening (e-Sight) Staffing Educational Booths / Exhibiting
 Using Chart-based Screening Tools Using Technology-based Screening Tools
 Helping at Fundraising Events Office Work
 Interning Other (please specify _____)

Service/Community Organization Membership(s): _____

Previous Volunteer Experience (Location and responsibilities): _____

How did you hear about volunteering for Prevent Blindness Wisconsin? _____

(over)

Availability (check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

Background:

Have you ever been convicted of a crime? Yes No

If you answered yes, explain: _____

Have you ever been accused of doing wrong with a minor? Yes No

If you answered yes, explain: _____

For background check, please list any alias, maiden name and/or former married name(s): _____

Previous address: _____

References:

Please list two references that know you well and can attest to your character, skills, and dependability:

Reference #1:

Reference #2:

Name:

Relationship:

Address:

Phone #:

Volunteer Commitment

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that all information provided in this application is true and correct without any omissions of any kind and that any misrepresentations or omissions may affect my volunteer application. I understand that Prevent Blindness Wisconsin will verify all information included in this application, including conducting a criminal background check and contacting the above listed references.

Signature _____ Date _____

**Return application to the Volunteer Coordinator at Prevent Blindness Wisconsin:
759 North Milwaukee Street, #305, Milwaukee, WI 53202**