

Wheels for Winners Volunteer Application

229 S. Fair Oaks Ave., Madison, WI 53704 (608) 249-2418

Please complete, SAVE on your computer, and email as attachment to: wheelsforwinners@gmail.com

Name: _____

Address: _____

City, State and Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Date of Birth: _____

I am interested in applying for the volunteer position of: _____

Volunteer Experience (current and past): _____

Brief Work History: _____

Talents/Interests/Hobbies: _____

How did you hear about Wheels for Winners? _____

What interests you about this volunteer opportunity? _____

When are you available? List days of the week as (M, T, W, Th, F, Sat) and list hours each day in at

least two-hour increments. _____

Do you drive? _____ If not, how will you get to your volunteer work? _____

Emergency contact: Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Please list two (2) references (not relatives) who have known you at least two years and who have knowledge of your qualifications:

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

I agree to let Wheels for Winners contact the above references and to conduct a background check on matters of public record. I understand that this information will be kept confidential.

Signature: _____ Date: _____

Signature of Volunteer - Use your E-Signature or type your name.

Volunteer Waiver

I understand that as a temporary volunteer of Wheels for Winners, Inc., working in the shop at 229 S. Fair Oaks Avenue or otherwise engaged in activities associated with Wheels for Winners, Inc., that I am not covered by medical, liability insurance or workman's compensation through Wheels for Winners. I also consent that WFW may use images that contain me in their publications and exhibits. (Volunteers are all additionally insured under Wheels for Winners business policy and will be protected against 3rd party suits if they arose out of injury to anyone receiving a bicycle.)

Printed Name of Volunteer

Signature of Volunteer - Use your E-Signature or type your name.

Signature of Parent or Guardian if Volunteer is under the age of 18.