



# Volunteer Application

## Contact Information

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

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

Telephone: \_\_\_\_\_

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

Preferred method to be contacted: \_\_\_\_\_

## What is your availability to volunteer?

- ☐ Monday Hours \_\_\_\_\_
- ☐ Tuesday Hours \_\_\_\_\_
- ☐ Wednesday Hours \_\_\_\_\_
- ☐ Thursday Hours \_\_\_\_\_
- ☐ Friday Hours \_\_\_\_\_
- ☐ Weekend Hours \_\_\_\_\_
- ☐ Other (seasonal) \_\_\_\_\_

## Number of hours available to volunteer each week:

- ☐ 1-5
- ☐ 5-10
- ☐ 10-15
- ☐ 15-20

## Interests: (Please mark all that apply)

- ☐ Organizing
- ☐ Computer work
- ☐ Filing
- ☐ Distributing food
- ☐ Checking people in
- ☐ Making up food bags
- ☐ Driving
- ☐ Outside work
- ☐ Pulling weeds
- ☐ Other \_\_\_\_\_

**Skills: (Please mark all that apply)**

- ☐ Microsoft Word
- ☐ Excel
- ☐ PowerPoint
- ☐ Organizing
- ☐ Ability to work with people from diverse backgrounds
- ☐ Able to lift 40lbs
- ☐ Web Publishing Software
- ☐ Networking
- ☐ Speak other languages: \_\_\_\_\_
- ☐ Knowledge of Forklift operations
- ☐ Gardening
- ☐ Other: \_\_\_\_\_

**Volunteer areas: (Please mark all that apply)**

- ☐ Care & Share Food Bank
- ☐ Community Garden
- ☐ Dining Site Assistant
- ☐ Health Promotions Leader
- ☐ Transportation Driver
- ☐ Home Delivered Meal Driver

**Restrictions, Limitations of service (Health Concerns, Medications, Allergies, etc.)**

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

**Please return this form by mailing to:**

Marquette County Human Services

Att: Richell Kufahl

PO Box 405

Montello, WI 53949

Or you can place in the drop box in front of the Human Service building.

If you have any questions, Email: [MCDHS@co.marquette.wi.us](mailto:MCDHS@co.marquette.wi.us),

or please call 608-369-1059