

**Wheels for Winners Volunteer Application**

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

**Please complete both sides of this form and return it to Wheels for Winners**

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? \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

## 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 3<sup>rd</sup> party suits if they arose out of injury to anyone receiving a bicycle.)

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Signature of Volunteer

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