# Volunteer Profile



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| --- | --- |
| Contact Information | |
|  | |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

|  |  |
| --- | --- |
| Availability | |
| During which hours are you available for volunteer assignments? | |
|  | | |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings |  |

|  |  |
| --- | --- |
| Interests | |
| Tell us in which areas you are interested in volunteering | |
|  |
| 4-H |
| Agriculture |
| Computers/Technology |
| Family Living |
| Horticulture |
| Nutrition Education |
| Newsletter Production |
| Volunteer other |

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| Special Skills or Qualifications |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
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| Previous Volunteer Experience |
| Summarize your previous volunteer experience. |
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| --- | --- |
| Person to Notify in Case of Emergency | |
|  | |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

|  |  |
| --- | --- |
| Agreement and Signature | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. | |
|  | |
| Name (printed) |  |
| Signature |  |
| Date |  |

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| Our Policy |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.  Thank you for completing this application form and for your interest in volunteering with us. |

**AFTER COMPLETING APPLICATION PLEASE SUBMIT TO:**

**EAU CLAIRE COUNTY EXTENSION OFFICE  
227 1ST STREET WEST  
ALTOONA, WI 54720**

**IF YOU HAVE QUESTIONS PLEASE CALL (715)839-4712**