



## AWE Volunteer Interest Form

### **PERSONAL INFORMATION:**

Name (Last Name First): \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street, Apt. No. City State Zip

Permanent Address: \_\_\_\_\_  
(if different) Street, Apt. No. City State Zip

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about AWE? (Circle all that apply)

Volunteer Center Newspaper Ad Friend School Posting  
College Placement Service Email Other

### **EDUCATION:** (Highest Level Attained Only)

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

School Address: \_\_\_\_\_  
City State Zip

No. of Years Attended: \_\_\_\_\_

Degree/Certificate Received: \_\_\_\_\_

### **WORK & VOLUNTEER EXPERIENCE:** (May Attach Resume or CV)

Current or Most Recent Employment (Company, Position & Responsibilities):

Current/Previous Volunteer Community Service Experience:

Why are you interested in volunteering for AWE?

**INTERESTS & SKILLS:**

Special Training & Skills:

Special Interests:

**REFERENCES:**

Below, please give the names of three persons you are not related to, whom you have known at least one year.

- 1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business \_\_\_\_\_ Years Acquainted: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business \_\_\_\_\_ Years Acquainted: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

**OPTIONAL INFORMATION:**

This information will be used only for internal use  
Circle only one for each section.

Age:            Under 35            36-50    51-65    65+

Ethnic Origin: African American Asian    Caucasian            Hispanic/Latino    Native American    Other

Do you have a disability?    Yes    No  
(Circle if you require handicap access/special accommodations.)

**IF YOU ARE UNDER 18** please have a parent/guardian sign here:

---

Print name here \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

---

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

**BACKGROUND CHECK:**

AWE conducts a criminal background check for all employees, independent contractors and volunteers. The purpose of the check is to ensure there is nothing that would render them unfit to work with children. Background checks shall be completed in the state(s) in which the individual resided for at least 6 months in the last 5 years and was 18 years old or older at the time.

The criminal background check is done through the Wisconsin Criminal Investigation Bureau, and statewide public records are searched for criminal convictions. Results of the check will be disclosed to any individual before being submitted to any outside individual or agency.

AWE follows federal and state law and does not discriminate based on the results of the check unless there is a clear relationship between the criminal offense discovered and the nature of the volunteer or paid work to be performed.

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_Month\_\_\_Day\_\_\_Year

First Name: \_\_\_\_\_ M.I. \_\_\_ Last Name \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please list any other names or variations of names you have used:

\_\_\_\_\_

If you lived in any other state for at least 6 months during the past 5 years and were age 18 or older, please list past address(es)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**AUTHORIZATION:**

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for cancellation of any contract with AWE.

I authorize investigation of all statements contained herein and the references listed above to give you any and all pertinent information they may have, personal or otherwise and release AWE from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the organization has any authority to enter into any agreement for services for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized organization representative."

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

**THIS SECTION TO BE COMPLETED BY AWE:**

Background Check Results: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date \_\_\_\_\_

Print name:

\_\_\_\_\_  
Signature