



## Individual Volunteer Application

Please send your **completed** application to Matthew McCaskell (Volunteer Coordinator)

By email to mmccaskell@bhws.com or mail PO Box 2104 Rapid City, SD 57709 or drop it off in person to 3650 Range Road Rapid City, SD 57702

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

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

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

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Preferred Method of Contact: Cell Phone    Home Phone    E-Mail**

### Emergency Contact

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

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you have any medical conditions that we should be aware of in case of emergency or that would affect your placement?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### Education, Volunteer Experience, and Employment

Highest level of education completed: \_\_\_\_\_

Previous work experience: \_\_\_\_\_

Current Employer: \_\_\_\_\_ How many hours a week? \_\_\_\_\_

Previous or present volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

### Skills and Interests

What areas would you like to volunteer for?

- Out & About (recreation, going out to eat, movies, etc.)
- Special Olympics (Coach, Practice Support, Game Support)
- Suzie Cappa Art Centers
- Flutter Productions (All-Ability Theater)
- Person Centered One on One's

- Event Support (Gala, Golf Tournament, Putt n Pub)
- Learning Institute (Classes, Room & Individual Supports)
- BakeWorks (Bakery Support)
- GrowWorks (Greenhouse & Garden)
- Other: \_\_\_\_\_

What are your hobbies, interests, skills? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Availability**

- Long-term     Short-term     Special Event

Date available to begin volunteering: \_\_\_\_\_

What days and times are you available to volunteer? Check all that apply. Write times available on line.

Sunday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Monday: \_\_\_\_\_

Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

How many hours per week are you interested in volunteering? \_\_\_\_\_

**Legal Information and Volunteer Release**

\*\*Necessary only if Volunteer is 18 years of age or older

I understand and with my signature authorize the agency to conduct a criminal background check and checks against the federal governments. Background checks are required for all applicants 18 yrs and older.

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

Any other names you have used in the past: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Due to the nature of our program and close interaction with people served, the following questions are necessary:

Have you ever been convicted of a crime?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever received a traffic citation/violation, other than a parking ticket?  Yes  No

If yes, please explain: \_\_\_\_\_

**Additional Information**

Do you have a car available? Yes No Car Insurance? Y N Current SD Drivers License? Y N

Are you volunteering to fulfill a community service requirement? Y N

If yes, please list name of person/institution requiring service and number of hours required: \_\_\_\_\_  
\_\_\_\_\_

\*If volunteer service requires driving people supported, a copy of your: driver's license, car insurance, and car registration will be necessary