



Volunteer/Student Placement Application

Name: _____

Address: _____

Phone Number: _____ E-mail: _____

Are you over the age of 18? Yes No

What skills/interests do you have that you feel would assist the organization?

WISE has 4 committees which focus on specific areas of work. Please indicate which one(s) you may be interested in joining:

- HR and Volunteer Management Program Development
 Communications Finance/Fundraising

Please indicate the hours and/or days available to volunteer:

Do you have any related work experience? (Paid or Volunteer)

Student Placements:

School: _____ Program: _____

Placement Coordinator: _____

Contact information: _____ Hours required: _____

References:

1) _____ Phone: _____

2) _____ Phone: _____

Emergency Contact Information:

In case of an emergency we should contact:

Name: _____

Relationship to you: _____ Phone number: _____

*Do you have any medical condition that we should know about? _____

**Are you on any medication that we should know about? _____

WAIVER/ CONSENT FORM:

I, _____, am submitting an application form to volunteer with WISE, and do hereby acknowledge and accept that:

* Whether or not I disclose any medical condition that I may have, I make this choice at my own risk, and I will not hold WISE liable or responsible either way, should there be a medical emergency while I am volunteering with WISE.

** Whether or not I disclose any medication that I may take, I make this choice at my own risk, and I will not hold WISE liable or responsible either way, should there be a medical emergency while I am volunteering with WISE.

I HEREBY CONFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (Applicant's signature)

_____ (Witness) _____ (Date)