



<i>For Office Use Only</i>	
Program(s)	_____
ST	_____
BID	_____
RSVP	_____
Repo	_____
BG Check	_____
NSOWP	_____

7730 Sheridan Road, Kenosha WI 53143 / www.kafasi.org / Ph. 262.658.0237
 fax: 262.658.2263

VOLUNTEER ENROLLMENT FORM

General Information

Name _____ Home Phone _____
Last First MI Maiden

Address: _____ Cell Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Gender: _____ Ethnicity _____

Email _____ Are You a Veteran? Yes No

Referred by (name) _____

How did you hear about our agency? Radio Newspaper Sign in front Other _____

Insurance Information

Driver's License No. _____ State _____

Auto Insurance Company _____ Phone _____

Volunteers for **Volunteer Transportation Program** must have auto liability insurance equal to or greater to: Property Damage Liability \$50,000/Bodily Injury Liability \$100,000/\$300,000 Liability per occurrence. Do you currently have this coverage? Yes or No

For all other programs, insurance coverage must meet the minimum limits required by the State of Wisconsin: Property Damage Liability \$10,000/ Bodily Injury Liability \$25,000 per person. Do you currently have this coverage? Yes or No

Emergency Contact

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

Experience

Current/Past Volunteer Experience _____

Education/Training _____

Current/Past Occupation _____

Why do you want to volunteer? _____

Availability

When are you available to volunteer? (Please check **all** that apply.)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A.M.							
P.M.							

Please fill out

