



Volunteering Opportunity!

WE ARE LOOKING FOR INDIVIDUALS TO PROVIDE CHILD CARE FOR OUR PROGRAMMING

We provide a few different programs for parents and would like to build our pool of volunteers to provide child care when parents are participating in programs.

Child care is done at the location of the program in a separate space from the parents. Some of the programs offer a meal to families and volunteers prior to the start of the event.

Here are the current programs that we offer child care for:

- Raising a Thinking Child
- Triple P (Positive Parenting Program)
- Parent Café
- Block Party

In order to qualify as a volunteer for child care you must complete an application and agree to a background check.

Any individual 16-17 years of age interested in volunteering may do so under the supervision of another adult background checked volunteer.

If you are interested in signing up to join our volunteer pool, please contact Rebecca at (920) 421-3145 or rebecca@unitedwaydc.com.

You can also complete and return the Door County Partnership for Children and Families Volunteer Application Form either in person or by mail to:

Rebecca Nicholson
c/o United Way of Door County
57 N. 3Rd Ave
Sturgeon Bay, WI 54235



Door County Partnership for Children and Families

P.O. Box 223 Sturgeon Bay, WI 54235
(920) 421-3145 rebecca@unitedwaydc.com

Volunteer Application Form

The Door County Partnership for Children and Families is committed to ensuring the safety of the families and children involved in our programming. This commitment necessitates the following information from all applicants regarding arrest and conviction records. A record of arrest does not automatically prohibit volunteer service. The Door County Partnership for Children and Families may complete a background check through the Wisconsin Department of Justice and/or a review of sex offender registries, child abuse and criminal history records. The information on this form will be kept confidential.

Please Print Clearly

Full Name **(required)**: _____
(Last) (First) (Middle Initial)

List all names you have ever had or have used (Maiden, Alias, etc.):

Date of Birth **(required)**: _____ / _____ / _____
(Month) (Day) (Year)

Social Security Number: _____

Current Address: _____
(Street)

(City) (State) (Zip)

of Years at this Address: _____ If less than one (1) year, please provide prior address:

(Street) (City) (State) (Zip)

Gender: _____ Race: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Email: _____

I authorize the Door County Partnership for Children and Families to review my personal background, which may include, but is not limited to, a background check through the Wisconsin Department of Justice and/or a review of sex offender registries, child abuse, and criminal history records. I consent to having the Door County Partnership for Children and Families conduct a full and complete background check. I voluntarily and knowingly authorize any government agency, its officers, employees, and agents to release any and all information regarding my criminal history to the Door County Partnership for Children and Families. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service with the Door County Partnership for Children and Families. I understand that the Door County Partnership for Children and Families reserves the right to deny my application as a volunteer and may terminate my volunteer status at any time. I hereby release the Door County Partnership for Children and Families, its Executive Committee and members, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

Signature Date

**Please return this form to the Door County Partnership for Children and Families
P.O. Box 223, Sturgeon Bay, WI 54235**

-----Office Use Only-----
Date Received: _____ Background Check Ordered: _____ Approved: _____ Not Approved: _____
Authorized Staff Signature: _____ Date: _____

Volunteer Interests and Availability

Name: _____
(Last) (First) (Middle Initial)

Email: _____

Please check all that apply:

I am applying for the **specific volunteer position** of: _____

I have **general volunteer interest** in:

I'm willing to do **just about anything**. Just ask.

Special Skills: *please list any special training/certificates such as First Aid, CPR, etc...*

Availability: (Circle all that are applicable) *Mornings Afternoon Weekdays Weekends*

Other (please specify) _____



Please return completed form to:
Door County Partnership for Children and Families
PO Box 223
Sturgeon Bay, WI 54235
Email: rebecca@unitedwaydc.com

-----**Office Use Only**-----

Date Received: _____ Background Check Ordered: _____ Approved: _____ Not Approved: _____

Authorized Staff Signature: _____ Date: _____



Door County Partnership for Children and Families

P.O. Box 223 Sturgeon Bay, WI 54235
(920) 421-3145

Child Protective Background Check

Full Name: _____
(Last) (First) (Middle Initial)

Other Names (Maiden, Alias, etc.): _____

Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

Current Address: _____
(Street)

(City) (State) (Zip)

of Years at this Address: _____ If less than one (1) year, prior address:

(Street) (City) (State) (Zip)

Gender: _____ Race: _____

_____ Is in the process of becoming/is currently on staff

_____ Is in the process of being approved as a volunteer

*Please check under all names listed above.

*Please indicate if any of the following apply and add relevant information including dates:

_____ Substantiated child abuse/neglect _____

_____ Do they have any child abuse allegations against them? _____

Additional Comments:

CPS Supervision Signature _____ Date _____

Agency Name _____

**Please return this form to
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