



People of Progression
203 N Richmond St.
Appleton, WI 54911
info@peopleofprogression.org

**People of Progression, Inc.
Volunteer Application**

Name: _____ Preferred Name: _____ Pronouns: _____

Address: _____

Email Address: _____ Phone number: _____

Birthdate: _____ SSN (this is needed for the required background check): _____

Physical Limitations: Languages Spoken: _____

Criminal Convictions or Offenses: _____

Do you have a valid driver's license? If so, please include your driver's license number. Do you have vehicle insurance?

If so, please include your insurance information. Do you have a car available for transporting others?

Emergency Contact Information:

Name:

Address:

Phone number:

Relationship with you:



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References: (please include the names and phone numbers of three personal and/or professional references below)

Tell us what interested you in volunteering with our organization?

What skills and abilities would you ideally like to offer to our organization? How do you see yourself contributing to our mission and vision?

What is your availability? How many hours per week/month are you available to volunteer?

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with People of Progression, Inc. that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by People of Progression. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with People of Progression or my termination as a volunteer.

Signature _____ Date _____

