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**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)