

Work Order Day Application



CONTACT INFORMATION

MEMBER NUMBER	
NAME	
STREET ADDRESS	
CITY ST ZIP CODE	
BEST CONTACT NUMBER	
E-MAIL ADDRESS	

AVAILABILITY

DURING WHICH HOURS ARE YOU AVAILABLE FOR WORK ORDER DAY ASSIGNMENTS?

___ WEEKDAY MORNINGS

___ SATURDAY MORNINGS

___ WEEKDAY AFTERNOONS

___ SATURDAY AFTERNOONS

WHAT DAY WORKS BEST FOR YOU? MON TUE WED THU FR

INTERESTS

TELL US IN WHICH AREAS YOU ARE INTERESTED IN VOLUNTEERING

PEER TEAM

___ PROGRAM TOUR

___ GAMER ENGAGER

___ WELCOMING SPECIALIST

___ RESOURCE ROOM CONCIERGE

___ TRANSLATOR

___ MEMBER SUPPORT

___ COMMUNITY OUTREACH

MAINTENANCE TEAM

___ KITCHEN DUTIES

___ WINDOW CLEANING

___ WATERING GARDEN

___ EVENT HELPER

___ CAMPUS CLEAN UP

ADMINISTRATION TEAM

___ ANSWERING PHONE

___ MAKING COPIES

___ FAXING

___ OTHER CLERICAL DUTIES

SPECIAL SKILLS OR QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS YOU HAVE ACQUIRED FROM EMPLOYMENT, PREVIOUS VOLUNTEER WORK, OR THROUGH OTHER ACTIVITIES, INCLUDING HOBBIES OR SPORTS.

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HOW MANY HOURS ARE YOU WILLING TO COMMIT PER MONTH?

AGREEMENT AND SIGNATURE

I UNDERSTAND AND ACKNOWLEDGE THAT I MUST NOTIFY WCC'S STAFF IF I AM UNABLE TO REPORT TO MY SCHEDULED WORK ORDER DAY.

I UNDERSTAND WORK ORDER DAY VOLUNTEERS MAY BE REMOVED FROM WORK SCHEDULED DAY AND OR WORK ORDER DAY ROSTER, IF THEY FAIL TO COMPLY WITH ANY OF THE WCC'S WORK ORDER DAY AGREEMENT.

WORK ORDER DAY VOLUNTEERS MAY BE ABLE TO REAPPLY AT A LATER TIME PENDING PROGRAM MANAGEMENT APPROVAL.

BY SUBMITTING THIS APPLICATION, I UNDERSTAND THE EXPECTATIONS AND COMMITMENTS THAT COME WITH BEING WORK ORDER DAY VOLUNTEER.

NAME (PRINTED)	
SIGNATURE	
DATE	
PHONE NUMBER	

Thank you for completing this application form and for your interest in being Work Order Day Volunteer at the Wellness Center Central.