

EAU CLAIRE AREA HMONG MUTUAL ASSISTANCE ASSOCIATION, INC

1320 W CLAIREMONT AVE EAU CLAIRE, WI 54701| PH: 715.832.8420 | FAX: 715.832.0612

Empowering people, advancing cultures, and enhancing the quality of life of the Chippewa valley low-income families

Volunteer Application

	Date:				
Volunteer Information					
Full Name:				Date of Birth:	
Last,	First		M.I.		
Address:					
Street	City		State	Zip Code Apartment/Unit #	
Phone:		E-mail Address:			
Date Available:					
Have you ever been convicted of a crime other than a traffic violation? YES NO If yes, explain:					
Do you consent to a routine check of your criminal records, including sex offender registries, if working with minors? YES \(\sigma\) NO \(\sigma\)					
Within the past five years, have you lived outside the state of WI? If so, what state(s)? YES \(\square \) NO \(\square \)					
Education					
Formal Education (highest year of school completed):					
Current community activities:					
How did you learn of our program?					
References (list of three professional references)					
Full Name:	Relationship:		Phone:	Phone:	
Disclaimer and Signature					
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The ECAHMAA, Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence in accordance to the ECAHMAA's confidentiality policy.					
Signature:			Da	te:	
A CIENTON FIGE ONLY					
AGENCY USE ONLY					
Background Check completed:	Date	e begin:			
Executive Director Signature:	End	d date:			