



Middleton Outreach Ministry

Officer ONLY: ODM- Household # _____ Individual # _____

VOLUNTEER APPLICATION (PLEASE PRINT)

*(All information given on this application is kept strictly confidential and NOT shared with outside sources.)
Call our Volunteer Program Manager, 826-3409 with any further questions.*

DATE: _____

First Name _____ **Last Name** _____

Maiden or Other Name: _____ **DOB (M/D/Y)** ____/____/____

Street _____ **City** _____ **WI** **Zip** _____

Telephone: (H) _____ **(W)** _____ **(C)** _____

Best time to reach you? _____ **Which Phone:** Home Work Cell

Email Address _____

Are you under 15? ____Yes____ No **Must have Parent/Guardian present if under age 15.**

Are you over 18? ____Yes____ No **If no, will need Parent/Guardian Signature**

Do you have your own transportation? ____Yes ____No

Ethnicity: (Please check one)

- | | |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> White-Caucasian | <input type="checkbox"/> Black-African American |
| <input type="checkbox"/> Latino-Hispanic | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian-Pacific Islander | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> Other: _____ |

Place of Employment/Position _____

(Check with Human Resources to see if your workplace has a "corporate match" program, such as corporate donations for volunteer hours or matched donations.)

Work and Volunteer Related Experience/ Skills _____

Are you fluent in a Foreign Language – if so, Please indicate: _____

Any Physical Limitations: _____ **Lift 40 lbs** Yes No **Able to stand for 2 hours** Yes NO

For reporting purposes ONLY, do you consider yourself to have a disability? Yes No

Availability: Please indicate all times and hours that you are available, and star times that you would prefer.

	Available daytimes 9am – 4:30pm:	Available Evenings? (yes or no)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

I prefer to volunteer:

_____ **Weekly**

_____ **Every other Week**

_____ **Once a Month**

Please be aware that most programs require a volunteer to be 16 years of age or older to work without a guardian. Some positions require ages 18 and older. Also, most activities occur during the day with the exception of some special projects.

Please visit our website for further explanation of volunteer opportunities.

Volunteer Opportunities

Distribution Center Open: Monday-Thursday, 10am - 2pm and Fri-Sat, 9-Noon.

- _____ **Clothing Closet** – sort and merchandise clothing and linens
- _____ **Food Pantry Front Desk** – Answer phones, greet clients, and assist with various projects
- _____ **Food Pantry Inventory Support** – restock pantry shelves, unloading deliveries
- _____ **Food "Rescue" Drivers** – Use of personal vehicle, times determined by need
- _____ **Mobile Pantry** - Help set up and assist clients through an off-site pantry (Wednesday 1pm-4pm)
- _____ **Garden Helper** - pulling weeds, harvesting produce (Wed. evenings and Sat mornings)
- _____ **Food Pantry Block Captain** – organize and coordinate monthly food drives in your neighborhood

Seniors Program – During day hours and set specifically by client need

- _____ **Driver** – Provide rides to client appointments, use own vehicle, need current drivers license and proof of insurance
- _____ **Home Chores (indoor/outdoor)**
- _____ **Shopping Assistance**

Other:

- _____ **Data Entry** - Enter data into MOM database. Hours are flexible, but must be consistent
- _____ **Photographer** – on call volunteer, will be contacted for specific events, need own equipment
- _____ **Interpreter** – MOM has intermittent need for volunteers who can interpret and translate.
- _____ **On-Call Substitute** –last minute needs for volunteers as well as subs for regular sites
- _____ **One Time Project Support** – MOM has various "seasonal" one-time only projects (such as School Supplies Drive). These would mostly be daytime hours, but some evenings are available.
- _____ **Main Office Front Desk Reception** – MOM's Hubbard Avenue office open Mon-Fri 9-4:30. answer phones, greet clients, and assist staff with office projects

How did you hear about MOM and our volunteer opportunities? (Please check all that apply)

- _____ *MOM Website* _____ *United Way of Dane County Referred*
_____ *Other* _____

Do you give us permission to publish your name and phone number in a phone directory for other volunteers in your same program, to only be used internally? Yes No

Signature _____ **Date** _____
(Volunteer)

Signature _____ **Date** _____
(Parent/Guardian if under the age of 18)

Office Use Only **Assignment:**

Program: _____ Shift: _____ Start Date/time: _____
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