Solutions for Independent Living Since 1997

West Central Independent Living Solutions
Unpaid Volunteer Application

Volunteer Name: _____ DOB: _____

Address: _____

City: _____ Zip code: _____

Phone Number: _____ Email: _____

☐ Check here if this is for a one time service project and you are not interested in being contacted for future volunteer opportunities.

VOLUNTEER OPPORTUNITIES I AM INTERESTED IN

___ Ramp Building
___ Special events for Consumers
___ Outreach
___ Minor Home Repair
___Group Projects
___ Filing
___ Computer Work
___ Other Explain _____

LOCATIONS I AM AVAILABLE TO TRAVEL

___ Johnson County ___ Pettis County ___ Benton County

___ Lafayette County ___ Saline County ___ Henry County

For Volunteers working outside the office, the WILS driving policy will apply including:

Driving while representing WILS: Employees and volunteers will utilize the following policies and procedures:

a. The driver must hold a valid driver's license**,**
b. The vehicle must have a valid registration and insurance,
f. The drive must refrain from using a cell-phone, two-way radio, or similar communication device while driving

☐ Does not apply ☐ Copy: Valid Driver's License ☐ Copy: Registration ☐ Copy: Insurance

Confidentiality agreement on file if this project is for direct services. ☐ Yes ☐ No

Family Care Safety Registry (FCSR): I understand that WILS will register me on the FCSR at no charge and complete a review of the registry prior to me volunteering. My signature below indicates that I understand that the tasks I perform are a voluntary service to WILS and that I agree to be registered on the FCSR and have a background screening completed. I understand that if the FCSR indicates a negative result I will not be able to volunteer for WILS (A good cause waiver may be obtained).

_____ _____
Volunteer Signature Date

_____ _____
WILS Representative Date