



Where there's a WILS, there's a WAY!

## West Central Independent Living Solutions 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

<input type="checkbox"/> Ramp Building	<input type="checkbox"/> Group Projects
<input type="checkbox"/> Special events for Consumers	<input type="checkbox"/> Filing
<input type="checkbox"/> Outreach	<input type="checkbox"/> Computer Work
<input type="checkbox"/> Minor Home Repair	<input type="checkbox"/> Other Explain _____

### LOCATIONS I AM AVAILABLE TO TRAVEL

<input type="checkbox"/> Johnson County	<input type="checkbox"/> Pettis County	<input type="checkbox"/> Benton County
<input type="checkbox"/> Lafayette County	<input type="checkbox"/> Saline County	<input type="checkbox"/> 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