

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 INTEREST Ramp Building Special events for Consumers Outreach Minor Home Repair	ED IN Group Projects Filing Computer Work Other Explain
LOCATIONS I AM AVAILABLE TO TRAVEL Johnson County Pettis C	County Benton County
Lafayette County Saline 0	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 Licer	nse Copy: Registration Copy: Insurance
Confidentiality agreement on file if this project is for direct services.	
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