REVOLUTION RESALE

709 NORTH 8TH STREET. SHEBOYGAN, WI 53081
920.395.4030
RESALE@REVOLUTIONCHURCHWI.COM

VOLUNTEER APPLICATION

Applicant Information

Full name: _____ Date: _____
Last *First* *M.I.*

Address: _____ Phone: _____
Street address *Apt/Unit #*

_____ Email: _____
City *State* *Zip Code*

Date Available to start: _____ S.S. Number _____ Maiden Name? Or Other Name? _____

How did you learn of us? _____ Birthday: _____

Are you a citizen of the United States? Yes ☐ No ☐

If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever worked for this company? Yes ☐ No ☐ If yes, when? _____

Are you bilingual? Yes ☐ No ☐ If yes, which? _____

Preferred Available Hours

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

SATURDAY: _____

SUNDAY: _____

NUMBER OF HOURS YOU WOULD LIKE TO VOLUNTEER EACH WEEK: BETWEEN _____ AND _____

References

Please list three UNRELATED references.

Full name:		Relationship:	
Years Known:		Phone:	
Full name:		Relationship:	
Years Known:		Phone:	
Full name:		Relationship:	
Years Known:		Phone:	

Is there any other relevant or important information that may impact your qualifications for a volunteer position?

Emergency Contact

Name: _____ Relationship: _____ Phone Number: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information may result in my release of ability to volunteer. I also understand that upon volunteer approval, a background check will be completed.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED BY:

Signature: _____ Date: _____

RETURN APPLICATION

IN PERSON
REVOLUTION RESALE
709 North 8th Street
Sheboygan, WI 53081

OR

MAIL
REVOLUTION CHURCH
P.O. Box 172
Plymouth, WI 53073