

South Milwaukee Human Concerns Volunteer Form

Thank you for your interest in volunteering!

Please provide:

Name _____
(First) (Middle) (Last)

Address _____

City _____

Birthdate _____
(Month) (Day) (Year)

Skills or Experience _____

How would you like to help? _____

Days/Hours available _____

Phone _____ Email _____

Emergency contact (Name) _____

(Phone) _____

You must be at least 18 years old to volunteer at SMHC. Because volunteers interact with clients and may have access to confidential client information, we perform background checks on all volunteers. Volunteers must protect the rights and privacy of our patrons. All organization records, files and information is privileged and not to be accessed, discussed or distributed. As a potential volunteer I affirm that I am at least 18 years old and will abide by the confidentiality rules above.

(Volunteer signature) (Date)

Return to (in person): 1029 Milwaukee Avenue or
Mail to: SMHC, P.O. Box 314, South Milwaukee, WI 53172
A representative of SMHC will contact you.