

Brown County Human Services Department

Short Term - Volunteer Application

Date _____

Name _____
First Middle Last

Address _____
City Zip

_____ Social Security # _____
Date of Birth

Name of intern / volunteer who referred you as a Pals Program chaperone: _____

Cell Phone _____ (Please include area code)

Home Phone _____ (Please include area code)

Business Phone _____ (Please include area code)

Email Address _____

Can you be contacted at work? Yes ☐ No ☐

Work E-Mail _____

Driver's License # _____

Car Insurance Company: _____ (please scan your card & include with packet)

(Please complete the enclosed Consent for a Background Check Form enclosed)

Signature

Date

