



**Adult & Teen Challenge**  
Northeastern Wisconsin

## **VOLUNTEER APPLICATION**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street address) (city) (state) (zip)

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Position applied for:** \_\_\_\_\_ **Date you can start:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Are you 18 years or older? Yes / No**

**Do you have a valid driver's license? Yes / No**

**Please list all driving violations w/in the past 7 years:**

\_\_\_\_\_  
\_\_\_\_\_

**Have you applied before? When?** \_\_\_\_\_

**Have you ever worked for any Teen Challenge before? If so, when & where?**

\_\_\_\_\_

**Have you sought treatment for, or been arrested for any offense involving alcohol or illegal drug use in the last two years? Yes / No**

**If yes, please explain:** \_\_\_\_\_

**Are you able to refrain from tobacco use during volunteer hours? Yes / No** *ATCNEW strictly prohibits all tobacco use during working hours and at any time within sight of ATCNEW property.*

Have you ever been convicted of a criminal offense (not including traffic violations)? Yes / No

If yes, please list all convictions and an explanation. *Answering yes will not necessarily exclude you from consideration.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills, talents, or gifts that might be beneficial to ATCNEW?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Background**

Do you have a high school diploma or equivalent? Yes / No

Did you attend college or vocational school? Yes / No Did you graduate? Yes / No If yes, what degree/course of study was completed?

**Employment Background**

Current/Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**Personal Background**

Are you a Christian? Yes / No If yes, what church do you attend? Name:

Address: \_\_\_\_\_ Pastor: \_\_\_\_\_

Please give complete information of one person in a position of “spiritual leadership” (Pastor, Sunday School Teacher, Small Group Leader, etc.) who is familiar with your spiritual development.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How do you know? \_\_\_\_\_

**Please give complete information for two other references you are not related to.**

**1. Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**How do you know?** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**How do you know?** \_\_\_\_\_

**PLEASE SIGN BELOW AFTER READING AND AGREEING TO FOLLOW THE GUIDELINES ON THE LAST PAGE.**

I agree to abide by the Volunteer Guidelines while serving as a volunteer at Adult and Teen Challenge Northeastern Wisconsin. I understand that a substantial percentage of participants in the Adult and Teen Challenge Northeastern Wisconsin program have criminal backgrounds and that I assume all related risks in providing services to these individuals. I hereby release and discharge Adult and Teen Challenge Northeastern Wisconsin from liability regarding any damages, losses or injuries sustained by me arising out of, or relating to my volunteering with Adult and Teen Challenge Northeastern Wisconsin. I also understand that I am freely entering this volunteer arrangement and will receive no pay or benefits such as medical insurance or worker's compensation insurance in exchange for volunteering.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Authorization to Release Information

I understand that in processing my application with Adult and Teen Challenge Northeastern Wisconsin, an investigation may be made in which information is obtained through personal interviews, written requests, and a review of information held by employers, acquaintances, and law enforcement or other government agencies. I authorize you to verify my past employment and related data provided on this application or through the interview process. I further understand

and waive my right of privacy in this investigation and release and hold harmless Adult and Teen Challenge Northeastern Wisconsin and its agents from any liability.

I understand that several consumer reports may be requested and may include information as to my character, work habits, credit, academic credential verification, job performance, experience, and reasons for termination. Further, I understand that you may be requesting information concerning my workers' compensation claims (post-job offer), motor vehicle operations history, and criminal history from various private and public sources, along with other public records that are available.

**I HEREBY AUTHORIZE AND RELEASE FROM ALL LIABILITY, WITHOUT RESERVATION, Adult and Teen Challenge Northeastern Wisconsin, PREMIER EMPLOYMENT SCREENING SERVICES, OR OTHER AGENTS OF Adult and Teen Challenge Northeastern Wisconsin, AND ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE/FEDERAL AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER, EMPLOYEE, INSURANCE COMPANY OR PERSONS GATHERING OR FURNISHING THE ABOVE INFORMATION.**

According to the Fair Credit Reporting Act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer reporting agency. If so, this employer will advise me and give me the name of the agency or source of information.

**Print Name** \_\_\_\_\_

**Maiden/Previous Name(s)** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_-\_\_\_\_-\_\_\_\_

*(For identification purposes only)*

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

If the above address does not encompass 5 years, list the cities and states you have lived in for the past 5 years.

**Driver's License Number** \_\_\_\_\_ **State Issued** \_\_\_\_\_

*I understand that a facsimile (fax) or photographic copy of this release will be as valid as the original.*

**Applicant's Signature** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

**Please return these forms to: [info@atcnew.com](mailto:info@atcnew.com) or 999 N Military Ave.,  
Howard, WI 54303**

### Adult and Teen Challenge Northeastern Wisconsin Volunteer Guidelines

- Treat all students with dignity and respect, keeping in mind that they are in various stages of recovery. All students must be treated in accordance with the ATCNEW program rules to protect volunteers and students.
- Do not give students special favors or anything valued over \$10.00. Do not accept anything of value from students without the approval of the Program Dean. Do not lend to or borrow money from a student, purchase personal items from a student, or sell merchandise or personal services to a student.
- Treat all students fairly and objectively. No favoritism or preferential treatment is permitted. You will find that there may be some students to whom you are more naturally drawn in interaction and conversation, which is true in almost any group of people. Please be sensitive to issues of favoritism and strive to treat everyone equally. Please always maintain a polite and courteous attitude during the performance of your duties.
- Volunteers will, unless designated by Program Deans, be asked to interact only with students of the same sex. Volunteers are asked to refrain from contact beyond casual conversation with students of the opposite sex.
- Volunteers must abide by program rules and always support the program. Student concerns about the program must be brought to the attention of the program staff. At no time should a volunteer side with disgruntled students against program staff or program policies.
- All personal information at Teen Challenge is confidential and stays within Teen Challenge. Volunteers may not discuss information about students in the program with anyone, including acknowledging whether someone is a student here.
- Do not dispense any medication to students under any circumstances.
- If a volunteer has permission to take a student off ATCNEW property, the student must be always kept under the volunteer's supervision and returned to ATCNEW w/in the time frame indicated by the student's pass.
- If the student behaves questionably while with the volunteer, the volunteer must contact a staff member ASAP. Questionable behavior would be doing something contrary to Adult and Teen Challenge Northeastern Wisconsin policies or asking the volunteer to violate Adult and Teen Challenge Northeastern Wisconsin policies on their behalf.
- When transporting a student enrolled in the Adult and Teen Challenge Northeastern Wisconsin (ATCNEW) program in my personal vehicle, I am aware that in the event of a motor vehicle accident, my personal automobile insurance policy will most likely be the

primary insurance policy providing coverage. I understand that ATCNEW's insurance policy will not provide any coverage for me, my passengers (including ATCNEW students and/or staff), my vehicle, or other vehicles and/or property.

- I will not be reimbursed for mileage should I choose to transport ATCNEW students in my personal vehicle.

**PLEASE DETACH VOLUNTEER GUIDELINES FROM APPLICATION AND KEEP FOR PERSONAL REFERENCE**