



EAU CLAIRE AREA HMONG MUTUAL ASSISTANCE ASSOCIATION, INC

1320 W CLAIREMONT AVE EAU CLAIRE, WI 54701 | PH: 715.832.8420 | FAX: 715.832.0612

Empowering people, advancing cultures, and enhancing the quality of life of the Chippewa valley low-income families

Volunteer Application

Date: _____

Volunteer Information			
Full Name:		Date of Birth:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i> <i>Apartment/Unit #</i>
Phone:		E-mail Address:	
Date Available:		Social Security No:	
Have you ever been convicted of a crime other than a traffic violation? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, explain:			
Do you consent to a routine check of your criminal records? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Education			
Formal Education (highest year of school completed):			
Current community activities:			
How did you learn of our program?			
References (list of three professional references)			
Full Name:	Relationship:	Phone:	
Disclaimer and Signature			
<i>The ECAHMAA, Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence in accordance to the ECAHMAA's confidentiality policy.</i>			
Signature:		Date:	
AGENCY USE ONLY			
Background Check completed: _____		Date begin: _____	
Executive Director Signature: _____		End date: _____	

WWW.ECAHMAA.ORG | 24HR CRISIS PHONE LINE: 715.864.6331

NON-PROFIT ORGANIZATION | EQUAL OPPORTUNITY EMPLOYER | EQUAL HOUSING OPPORTUNITY | UNITED WAY PARTNER