Mail or Deliver to:
Attn: Administration
1115 S. Main Street
West Bend, WI 53095

# VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the The City of West Bend. Your application will be used to verify eligibility for a volunteer position with the City. It is our policy to provide equal employment opportunities to all. Please furnish complete and accurate information so that we can properly evaluate your application. Be aware that the use of false or misleading information or the omission of important facts may be grounds for immediate dismissal. Also note that information you provide herein may be subject to later verification and/or testing. You may attach to this application any additional information that helps explain your qualifications. *(Please print clearly or type)*

## Personal

| Last Name | First Name | | MI | Social Security No. |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | E-mail Address |
| Home Telephone Number | Work Telephone | Can we call you at work, or when would be the best time? | | |
| Driver's License Number | State of Issue | Class | | |

## Area(s) of Interest (Check all that apply)

- ☐ Arts and Crafts
- ☐ Computers
- ☐ Construction
- ☐ Database Administration
- ☐ Desktop Publishing/graphic design
- ☐ Disability access/sign languarge
- ☐ Donating printing of materials
- ☐ Educational Programs
- ☐ Emergency Medical Assistance
- ☐ Foreign Language
- ☐ Fundraising
- ☐ Grant Writing/Research
- ☐ Horticulture
- ☐ Internet/Web Design
- ☐ Landscaping/Reforestation
- ☐ Law Enforcement
- ☐ Legislative Affairs
- ☐ Library Services
- ☐ Public Relations
- ☐ Sports and Recreation
- ☐ Trail Construction and Repair
- ☐ Word Processing
- ☐ Working with People
- ☐ Writing/Editing
- ☐ Other (Please describe below)

## Availability

Please circle the day of the week you are available for volunteer service.

M T W TH F SAT SUN

Please check the type of project you are available for volunteer service.

_____ Regular weekly _____ Short-term projects _____ Weekend/Evenings

_____ On-call assignments only _____ Open-ended projects

## Education and Training

| School | Name and Location of School | Course of Study | No. of Years Completed | Did you Graduate? | Degree or Diploma |
|---|---|---|---|---|---|
| College | | | | ☐ Yes ☐ No | |
| Business/Trade/ Technical | | | | ☐ Yes ☐ No | |
| High School | | | | ☐ Yes ☐ No | |

Other special training or skills (computer skills, languages, machine operation, etc.)

## Community, Volunteer or Work Experience

| | |
|---|---|
| Company/Organization Name | Telephone |
| Address | Volunteered: Yes No<br>From To |
| List your duties/responsibilities: | Employed: Yes No<br>From To |

| | |
|---|---|
| Company/Organization Name | Telephone |
| Address | Volunteered: Yes No<br>From To |
| List your duties/responsibilities: | Employed: Yes No<br>From To |

## References

Please provide names, telphone numbers and/or email addresses of **two** people familiar with your abilities, knowledge, or work experience

| Name | Telephone | E-mail |
|---|---|---|
| Name | Telephone | E-mail |

## Physical Limitations

Please specify below any physical limitations that may influence your volunteer work activities.

## Conviction Information

Have you ever been convicted of a felony? ☐Yes ☐No

If you answered yes, please attach a separate sheet of paper and briefly describe the circumstances of your conviction. A current charge or conviction will not necessarily disqualify you from becoming a volunteer, however it may limit where we may place you.

I certify all information contained on this application is true and complete to the best of my knowledge. I hereby authorize the City of West Bend to investigate any information contained in this application. I understand that false or misleading statements shall be sufficient grounds for disqualification for the City's Volunteer Program. Further, I understand that as a Volunteer, I am offering my service of my own free will without any expectation of compensation, benefits, or insurance of any kind. If selected for a volunteer position, I agree to abide by the policies and procedures of the City and the Department I volunteer in. I am aware that I may terminate my volunteer participation at any time and that the City reserves the right to terminate a volunteer from their duties with or without cause at any time.

Applicant's Signature _____ Date _____

**To be completed by City staff:**

| | | |
|---|---|---|
| _____ | Interview Completed | Date _____ |
| _____ | Criminal Background completed, if applicable | Date _____ |
| _____ | Reference Check completed, if applicable | Date _____ |
| _____ | Approved | Date _____ |