



Mail or Deliver to:  
 Attn: Human Resources  
 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. A background check will be completed for all applicants. 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	Preferred number to call		Date of Birth
Driver's License Number		State of Issue	Class	

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

- |   |  |
|---|--|
| <input type="checkbox"/> Arts and Crafts<br><input type="checkbox"/> Computers<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Database Administration<br><input type="checkbox"/> Desktop Publishing/graphic design<br><input type="checkbox"/> Disability access/sign language<br><input type="checkbox"/> Donating printing of materials<br><input type="checkbox"/> Educational Programs<br><input type="checkbox"/> Emergency Medical Assistance<br><input type="checkbox"/> Foreign Language<br><input type="checkbox"/> Fundraising<br><input type="checkbox"/> Grant Writing/Research<br><input type="checkbox"/> Horticulture<br><input type="checkbox"/> Internet/Web Design | <input type="checkbox"/> Landscaping/Reforestation<br><input type="checkbox"/> Law Enforcement<br><input type="checkbox"/> Legislative Affairs<br><input type="checkbox"/> Library Services<br><input type="checkbox"/> Public Relations<br><input type="checkbox"/> Sports and Recreation<br><input type="checkbox"/> Trail Construction and Repair<br><input type="checkbox"/> Word Processing<br><input type="checkbox"/> Working with People<br><input type="checkbox"/> Writing/Editing<br><input type="checkbox"/> 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
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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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> 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 From To
List your duties/responsibilities:	Employed: Yes No From To

Company/Organization Name	Telephone
Address	Volunteered: Yes No From To
List your duties/responsibilities:	Employed: Yes No From To

## References

Please provide names, telephone 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  
\_\_\_\_\_ Criminal Background completed, if applicable  
\_\_\_\_\_ Reference Check completed, if applicable  
\_\_\_\_\_ Approved

Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_