APPENDIX RM.800-A

WAUKESHA COUNTY

VOLUNTEER APPLICATION

PERSONAL

First Name:	Last Name:	Middle Initial:
Street Address:		Daytime Phone:
City:	State:	Zip Code:	Evening Phone:
Volunteer Position Applying For:	Email Address:	

AVAILABILITY

Days of week and time available:	Dates you plan to volunteer:
Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:	Number of hours you plan to volunteer: Per Day: Per Week: Please note unique circumstances:

EMPLOYMENT HISTORY

Presently employed: ◯ Yes ◯ No	If yes, name of employer:	Phone Number:
Address:		Dates employed:
Name of Supervisor:	Job Title:	May we contact employer? ◯ Yes ◯ No
Description of duties:		
Previous employment: ◯ Yes ◯ No	If yes, complete below.	

Name of Employer:	Address:	Job Title:	Dates employed:
Name of Employer:	Address:	Job Title:	Dates employed:

EDUCATION

Highest education completed:

◯ Elementary School ◯ High School ◯ Technical or Vocational School ◯ Four-Year College ◯ Graduate School

Name of School:	Course of Study:

VOLUNTEER EXPERIENCE

Agency:	Address:	Phone Number:
Position:	Duties:	May we contact agency? Yes No
Agency:	Address:	Phone Number:
Position:	Duties:	May we contact agency? Yes No

BACKGROUND

List skills, interest, hobbies:

Why would you like to volunteer?

Do you have a valid Wisconsin Driver's License?
Yes No

Are you able to furnish an automobile if the volunteer position requires one?
Yes No

Do you maintain personal automobile insurance coverage?
Yes No

A criminal record does not constitute an automatic bar to employment or the ability to be a volunteer and will be considered only as it related to the position for which you are applying.
Have you been convicted of a crime or do you have any criminal charges pending against you?
Yes No

If you have been convicted of a crime or have a pending charge, please describe.

REFERENCES

Name:	Phone Number:	Email:	Relationship:
Name:	Phone Number:	Email:	Relationship:
Name:	Phone Number:	Email:	Relationship:

EMERGENCY CONTACT

Name:	Phone Number:	Email:	Relationship:

☐ By checking the box and signing below I certify that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application can disqualify me from consideration or result in dismissal upon discovery. Furthermore, my signature below provides my authorization to Waukesha County to conduct Driver's License checks, motor vehicle records checks, and criminal background checks, as needed, as well as reference checks to determine my suitability for placement and I release all parties from any liability from furnishing this information.

_____

Signature of Applicant Date

PARENT/GUARDIAN CONSENT: (To be completed if applicant is under 18 years of age.)

I give my consent for my child named above to provide volunteer services to Waukesha County. I also give Waukesha County my consent to obtain any emergency medical treatment necessary for the safety of my child.

_____

Parent/Guardian Signature Date

Waukesha County acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.