HUMAN RESOURCES
201 DELAFIELD STREET
WAUKESHA, WISCONSIN 53188-3633
TELEPHONE 262/524-3745 FAX 262/650-2572
hr@ci.waukesha.wi.us

VOLUNTEER APPLICATION

Last name _____ First Name _____MI _____

Address _____ City _____ Zip _____

Date of Birth _____

Driver's License Number _____

Daytime Phone _____ Evening Phone _____Cell Phone _____

Email address _____

List the Department for which you wish to volunteer: _____

List your volunteer areas of interest:: _____

List states in which you have resided during the last ten years: _____

Have you ever been known by any other name? _____

Please list any prior name(s) _____

Have you ever been convicted of a crime (other than parking tickets)? _____ If so, please list the dates, courts and crimes involved: _____

_____
_____
_____
_____
_____
_____
_____
_____

Note: Conviction of a crime does not necessarily affect the City's assessment of your suitability as a volunteer. The City will take into consideration the nature of the crime, the length of time since conviction and the duties of your volunteer assignment.

BACKGROUND CHECK

My signature below certifies 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 the falsification of this application can disqualify me from consideration or result in dismissal upon discovery. Furthermore, my signature below provides my authorization to the City of Waukesha to conduct criminal background checks and/or driver's license checks to determine suitability for placement and I hereby release all parties from any liability for furnishing this information.

PLEASE SIGN IN THE PRESENCE OF A DEPARTMENTAL EMPLOYEE OR NOTARY PUBLIC

Participant Name (Please print) _____

Signature of Participant or Parent/Legal Guardian _____

Date _____

Departmental Witness/Notary Public Name (Please print) _____

Signature of Witness _____

Date _____