



Public Health
Prevent. Promote. Protect.

**Volunteer Application
Menasha Health Department**

*For Official Use Only
Materials sensitive-not classified*

Please Print

Name: (Last, First, M.I.)			
Street Address			
City, State, Zip			
Home Phone		If You Have Ever Lived Outside Wisconsin, List Location	
Cell Phone		Work Phone	
Date of Birth		Email	
Occupation			

Please list any professional certifications/licenses:

Title/Type	Number	State	Expiration Date

Please list other relevant skills/trainings/interests. Examples: medical personnel, registration help, follow-up education, errand runners, supplies/receiving, traffic control, finance/administration, security, CPR , first aid, greeter/escorts, computer skills, fluent in foreign language, child care, kitchen help, assist coordinator.

Availability

Please check days/times you are generally available

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Emergency Contact Information

Name		Relationship	
Phone		Alt Phone	
Address		City, State, Zip	

Check all that apply

I am interested in volunteering for emergency events only.

I am interested in volunteering for non-emergency events.

I am currently employed by the City of Menasha or by the Menasha Schools. (public or parochial).

Do you have any health conditions that would prevent you from performing certain volunteer tasks (examples: can't stand for long periods, weight lifting restrictions, breathing or heart problems, insulin dependent diabetes etc.)? YES _____ NO _____

If yes, please explain:

The time & skills you are providing are extremely valuable and indispensable. Please keep in mind that you are liable for your actions while volunteering for the City of Menasha. All patient information including but not limited to medical records, medical history, disease or illness must remain confidential at all times.

THE CITY OF MENASHA is not liable for any injuries or accidents you may incur during your volunteer experience.

If you have ever been convicted of an offense, or have any charges pending, other than minor traffic violations, list details below. A criminal background check will be conducted on all volunteers. **CONVICTIONS ARE NOT AUTOMATIC BAR TO VOLUNTEERING. EACH CASE IS CONSIDERED ON ITS OWN MERIT.**

Date	Location	Charge	Disposition of Case
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I currently have a valid WI driver's license and agree to provide a copy of proof of current auto insurance card at check-in time during an emergency event if necessary. I may be asked to perform a task which requires me to operate a motor vehicle. I have the option to decline any task that I feel uncomfortable with. I consent to the necessary background checks to confirm my eligibility to serve as a volunteer with the City of Menasha.

_____ I have read, or have had read to me, and understand the information on this form.

Volunteer Acknowledgement _____
Signature _____ Date _____

Volunteer Name _____
Please Print

*The Menasha Health Department will ensure that all information on this application remains confidential unless otherwise required to be disclosed by state or federal law.