



# CITY OF MENASHA

Volunteer Information

Return completed form to: 100 Main Street, Suite 200, Menasha, WI 54952

Please Print

<b>Name</b>	Last	First	Middle
<b>Address</b>	Street		
	City	State	Zip Code
<b>Primary Phone #</b>	<b>Secondary Phone #</b>		
<b>Email Address</b>			
<b>Birthdate</b>	<b>Occupation</b>		
<b>If you have ever lived outside Wisconsin, please list location:</b>			

<b>Please list any professional certifications/licenses:</b>

<b>Please list any other relevant skills/trainings/interests that you feel would be beneficial to your work with us:</b>

Please check days/times you are generally available

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Emergency Contact Information			
<b>Name</b>		Relationship	
Street			
<b>Address</b>		City	State Zip Code
<b>Primary Phone #</b>		<b>Secondary Phone #</b>	

**Check if applicable**

- I am interested in volunteering for events
- I am currently employed by the City of Menasha or by the Menasha Joint School District

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, diabetes, etc.?)  Yes  No

If yes, please explain

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The time and 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.

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.

Date	Location	Charge	Disposition of Case
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I currently have a valid WI driver's license. (please initial)\_\_\_\_\_

I consent to the necessary background checks to confirm my eligibility to serve as a volunteer with the City of Menasha. (please initial)\_\_\_\_\_

I am volunteering at my own risk and agree to hold the City of Menasha and all employees associated with any volunteer activities harmless for all liability, damage or personal injury I may sustain out of my participation in this activity. If applicable, as a parent or guardian, I have explained to my child to the best of my ability, the risks associated with participating in this activity.

**Participant Signature (Parent/Guardian if participant is under age 18)**

Date

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